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ABSTRACT

The document contains the final report of the Parental Skills Program for Parents of Handicapped Children, a 15 unit modulized program designed to provide insights and skills for parenting handicapped children. Section I provides an introduction to the program with sections on the need for the program, program goals, and project objectives. A second section outlines the 10 basic parenting units, the five specific handicap units (physically handicapped, mentally retarded, visually impaired, speech impaired, hearing impaired), program formats (cassette/slide, lectures, and self instruction), and program materials. Section III reviews the steps involved in program development, including program conceptualization, data gathering, and material development. Procedures involved in pilot testing all the units are addressed in Section IV. It is explained in Section V that the program was evaluated with 95 parents. Listed among findings are that fathers were somewhat less likely than mothers to complete the program, and that parents like the program and evaluate every unit near the optimum when rating units on a 5 point scale. Sections VI and VII contain a report on the information conference to introduce the program to interested schools and agencies, and conclusions regarding evaluation of the program. Appendixes, which make up the bulk of the document, include a detailed program description, a report on program development, tables with pilot test data, tables with evaluation data, a sample evaluation questionnaire, materials on the information conference, and an extensive bibliography with sections correlating with each of the program units. (SBH)

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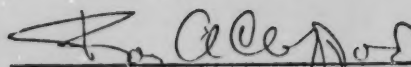
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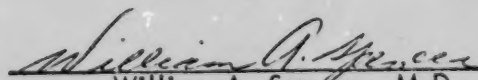
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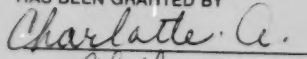


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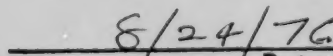
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PARENTAL SKILLS PROGRAM FOR PARENTS
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ABSTRACT

The Parental Skills Program for Parents of Handicapped Children is a fifteen-unit modularized program designed to provide insights and skills for parenting handicapped children. The program was developed over a two-year period and involved an extensive literature review and many interviews with parents, professionals and handicapped youth.

The complete Program consists of ten basic parenting units and five specific handicap units. Parents undertaking the Program complete the 10 basic parenting units and the specific handicap unit related to their child's handicap.

The program has been prepared in three formats in order to accommodate a wide range of training conditions. One format utilizes a group coordinator and is suitable for most parent groups. A second group format permits an instructor to conduct the Program with parents of limited education or unique needs. The third format is designed for individual self-instruction.

Materials include 35-mm color slides, cassette taped lecturettes, team activity booklet, leader's guides, self-instruction workbooks, texts and general information guides.

The Program and evaluation procedures were pilot tested and revised prior to formal evaluation. Pre-and post measures of knowledge and subjective evaluations indicate that the program is suitable for parents at education levels from junior high through college, regardless of age, sex, occupation, race, income, age of handicapped child or nature of handicap. The program is recommended for use by school systems, agencies serving the handicapped, parent organizations, and individual parents.

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1. INTRODUCTION

This final report describes the Parental Skills Program for Parents of Handicapped Children, its objectives, how it was prepared, tested, evaluated and brought to the attention of the relevant professional community. The fifteen-unit training program was developed during the period July 1974 through August 1976 by Texas Institute for Rehabilitation and Research and by Interaction, Inc., under Contract No. OEC-74-93-1 with the Bureau of Education for the Handicapped, United States Department of Health, Education and Welfare.

NEED FOR PROGRAM

Parents of handicapped children require special parental skills and insights which their background and experience rarely provide. These parents often encounter great difficulty in their parent role. There is little doubt that most parents of handicapped children want to assume a parental role which will serve the best interests of their child. When asked their feelings concerning their objectives as parents, most respond that they want to do what is best for their child.

Although their parental intentions are good, they often do not know the parental behaviors or have the insights which will allow them to successfully parent their child.

Many parents appear to need and want additional education in parenting a handicapped child but the information is not readily available to them. Information materials about handicapped children are abundant, but are typically limited

in scope and deal with a single disability. Most do not cover a broad field of topics fundamental to parenting. Any attempt at comprehensive training requires an accumulation of diverse materials from multiple sources with disparate theories and approaches.

Therefore, the Parental Skills Program for Parents of Handicapped Children serves a need that is not now sufficiently met. As far as is known, there is no other program for training parents of handicapped children that offers a similar degree of comprehensiveness within a unified conceptual framework, and a similar range of teaching materials and techniques tailored to a variety of training conditions.

PURPOSE AND SCOPE

The program meets the following criteria which were included in the original proposal as project goals and objectives:

Program Goals

1. To increase self-understanding and develop an operational parent role for parents of handicapped children.
2. To provide insights into parental behaviors which inhibit successful parent-child relationships and limit the development of the potential of a handicapped child.
3. To introduce "new" parental behavior skills and insights which increase parental effectiveness and help the handicapped child acquire the skills necessary for an active, contributing and fulfilling life to the extent of his potential.

In order to achieve the above goals, the following project objectives were set:

1. Develop a program flexible enough to be appropriate for parents of varying levels of education and insight whose children have different and varying degrees of handicaps.
2. Structure the program and training procedures to allow broad use of the program by parents of handicapped children.
3. Design and package the program for ease of presentation and participation, and for flexibility in terms of scheduling and timing.
4. Develop a methodology and materials for easily training leaders to conduct the program.
5. Conduct an extensive review of literature and research in the area of parenting handicapped children to assist in determining program content.
6. Obtain input from parents of handicapped children to insure that the program addresses itself to "life situations" encountered by these parents. Obtain input from handicapped youth, where possible, to insure that the insights and skills covered in the program are appropriate to their life situations, and obtain input from counselors and social workers who work with handicapped children and their parents to obtain insights.
7. Pilot test the program to determine and insure its workability and suitability.
8. Evaluate the effectiveness of the formats, the overall program, and the individual modules.

9. Conduct an information seminar to inform state departments of education, school systems and agencies serving the handicapped throughout the nation about the program.

All these goals and objectives have been met. The result is a fifteen-unit parent education program comprised of ten basic parenting units covering insights and parent behavior skills useful to parents regardless of their child's handicap and five specific handicap units which provide insights and information in five handicap areas: physical impairments, mental retardation, visual impairments, speech impairments, and hearing impairments.

The program was developed in three different formats in order to serve the largest number of parents possible. Two are for group presentation and one is for self-instruction. The program has been pilot tested, revised and evaluated. The evaluation shows the program to be suitable for a broad range of parents ranging in education from junior high school through college, regardless of race, sex, occupation, income, age of handicapped child or nature of handicap.

The pages which follow describe the project's final product, the Parental Skills Program for Parents of Handicapped Children. Also described are (1) research which formed the basis for the content covered in the program, (2) the pilot tests, (3) evaluation and (4) the Information Seminar. The final section presents overall conclusions and describes other specific handicap units which should be developed for the program in the future. Detailed information pertaining to the program research, material development, pilot tests and the evaluation are provided in the Appendix.

II. PROGRAM DESCRIPTION

Research conducted for the program indicated that children with handicaps and their parents have many common problems and areas of concern regardless of the type of handicap. On the other hand, there are many problems and requirements which are unique to each specific handicap. For this reason the program has two parts.

Part I - Basic Parenting Units, covers areas of concern to all parents of handicapped children. It has ten units. Part II - Specific Handicap Units, covers areas which are unique to specific handicaps. It has five units, and each unit relates to one specific handicap. Parents complete the ten units in Part I and the unit or units in Part II which relate to their child's handicap.

Part I - Basic Parenting Units

- Unit 1 - Introduction
- Unit 2 - Family Stage
- Unit 3 - Parental Scripts
- Unit 4 - Activator Parent
- Unit 5 - Motivation
- Unit 6 - Communication
- Unit 7 - Stress
- Unit 8 - Risk Taking
- Unit 9 - Games
- Unit 10 - Family Balance

Part II - Specific Handicap Units

- Unit A - Physically Handicapped
- Unit B - Mentally Retarded
- Unit C - Visually Impaired
- Unit D - Speech Impaired
- Unit E - Hearing Impaired

Units 1-4 provide insights and information concerning the pitfalls and problems which parents encounter in parenting a handicapped child. The units seek to provide insight and self-understanding and to develop an operational parental role. Units 5-10 present some alternative parental skills which can be useful when a child is

handicapped. Units A through E give specific information about parenting a child with a specific handicap. They seek to help parents develop a realistic perspective about the handicap of their child and focus on the special parental insights and skills in communication, motivation, stress management, risk taking, and family balance as they relate to the specific handicap.

The units are briefly described below.

BASIC PARENTING UNITS

Unit 1 - Introduction. The introduction describes the different units in the program and the training procedures.

Unit 2 - Family Stage. This unit provides insights into the problems parents face with the introduction of a handicapped child on their "family stage."

Unit 3 - Parental Scripts. This unit describes five different scripts which parents tend to follow and the impact each script has on a handicapped child.

Unit 4 - Activator Parent. This unit presents an optimal script for parents to follow in parenting a handicapped child.

Unit 5 - Motivation. This unit provides insights and presents parent skills for helping their handicapped child develop a backlog of success and a positive self-image.

Unit 6 - Communication. This unit contrasts the open and closed communication systems between parent and handicapped child and presents parental open communication skills.

Unit 7 - Stress. This unit provides insights into stress in handicapped children and describes techniques for helping a handicapped child manage stress.

Unit 8 - Risk Taking. This unit describes five risk taking styles which parents tend to follow, the impact each style has on a handicapped child and procedures for managing risk taking are presented.

Unit 9 - Games. This unit provides insights into the games which tend to develop in families with a handicapped child and procedures for successfully managing games.

Unit 10 - Family Balance. This unit contrasts two family patterns, the "handicapped centered" family and the "balanced" family. The impact each has on all family members and procedures for working toward family balance are presented.

SPECIFIC HANDICAP UNITS

Unit A - Physically Handicapped. This unit explores the importance of parental perspective concerning a physically handicapped child's chances for a meaningful life, and focuses on problems of limited expectations, limited mobility, limited experience and limited knowledge, which influence the physically handicapped child's development.

Unit B - Mentally Retarded. This unit contrasts two differing viewpoints of mentally retarded children, the "eternal child" versus the "developing child" and focuses on the concepts of normalization and goal setting.

Unit C - Visually Impaired. This unit considers the major areas of a child's development which are affected by a visual handicap and focuses on providing parents with insights into mobility, language development, social and self-help skills, stress, and risk taking.

Unit D - Speech Impaired. This unit considers types of speech disorders, the effects they have on a child's development, and parental skills for helping their child overcome the problems.

Unit E - Hearing Impaired. This unit focuses on major developmental difficulties children have as a consequence of hearing impairments and provides parents with insights into receptive and expressive language, stress, risk taking and family balance.

THREE PROGRAM FORMATS

The program was developed in three formats to maximize its applicability in different training situations. The Cassette/Slide Format is suitable for most parent groups. It involves cassette taped lecturettes shown with 35-mm slides, and a number of participant team activities which include discussion topics, case histories, role playing exercises and demonstrations. Parents also read text booklets for each unit. This format requires only a coordinator who follows instructions in the General Instruction Guide.

A second group format is used exclusively for low income, minimal education parents. This format allows trainers to modify the lectures presented with the slides and to modify participant activities specifically to the needs of the training group.

The third format is for self-instruction. Parents unable to attend group sessions or who live in small communities where no group training is available, can

complete self-instruction materials. These include cassette taped lecturettes, self-instruction workbooks and texts. The self-instruction version may also be used in conjunction with either group format of the program. When employed in this way, it allows for considerable flexibility in implementing the training program. For example, parents who miss a group meeting can complete the self-instruction materials for the missed unit and thereby stay up with their group. Another possibility is for a husband and wife to rotate attending group sessions. While one attends the group meeting, the other may stay home baby-sitting and complete the self-instruction unit for that week.

PROGRAM MATERIALS

The program employs a variety of training materials, including 35-mm slides, cassette-taped lecturettes, leader's guides, instruction booklets, participant group activities, self-instruction workbooks, and a text booklet for each unit.

Materials Employed in Format

All training materials are listed below and their utilization in the three program formats is indicated.

<u>Training Materials</u>	<u>Trainer Format</u>	<u>Cassette/Slide Format</u>	<u>Self-Instruction Format</u>
35-mm Slides	X	X	-
Cassette Tapes	-	X	X
Leader's Guides	X	-	-
Instruction Booklets	X	X	X
Team Activity Booklets	X	X	-
Self-Instruction Workbooks	-	-	X
Texts	X	X	X

35-mm Color Slides - There are 895 slides which are used in both group formats of the program. These slides serve to visually reinforce lecturettes presented via cassette tapes or by a training instructor. A portion of the slides utilize artwork while the remainder contain key words which emphasize and structure the major points for each unit.

Cassette Tapes - Taped lecturettes are used in the Cassette/Slide and Self-Instruction formats of the program. Each lecturette for the ten basic units lasts 15 to 18 minutes, while those for the specific handicap units average about 20 minutes.

General Information Guides - Three separate instruction booklets are provided, one for each format. These booklets give directions for implementation of the program.

Leader's Guides - A Leader's Guide for each unit is provided with the Trainer Format. These contain the scripts keyed to the slides plus information concerning team activities, feedback sessions and unit summaries. They are used by trainers to modify the program for use with low income, minimal education parents.

Team Activity Booklets - All participant materials utilized in team activities in the group formats of the program are provided in team activity booklets. These include discussion topics, case histories, demonstrations and role playing exercises.

Self-Instruction Workbooks - There is a self-instruction workbook for each unit in the program. These are used in conjunction with texts and cassette tapes.

Self-Instruction Workbooks involve reading brief paragraphs and completing exercises related to what has been read.

Text Booklets - A text booklet for each unit provides additional information and explains and expands the information presented on tapes, slides, or in the self-instruction workbooks. For units 1-10 the texts are approximately 25 pages; for the five specific handicap units they average 45 pages.

All materials are reusable except the self-instruction workbooks.

III. PROGRAM DEVELOPMENT

Program development occurred in two phases. The first ten units of the program were researched, developed and pilot tested during Year I of the project. During the second year, the five specific handicap units were researched, developed and pilot tested. Year II activities also included the formal evaluation of the program and presentation of the program at an information dissemination conference.

PROGRAM CONCEPTUALIZATION

The original program conceptualization for the Parental Skills Program for Parents of Handicapped Children was developed prior to submission of the proposal for the project and formed the basis for the contract under which the program was developed. Much of this conceptualization was done by the staff of Interaction, Inc. who had previously developed and field tested the Parental Skills Program for parents of non-handicapped children. It was felt that with some modifications, six of the units in the Parental Skills Program would be appropriate for parents of handicapped children. These units are: Parental Scripts, Motivation, Communication, Stress, Games, and Risk Taking. The remaining units were conceptualized to provide information concerning impact of a handicapped child on parents and family, perspective concerning handicapped children, and specific handicap information.

DATA GATHERING

Input to the program came from three sources: (1) an extensive survey of the literature; (2) interviews with handicapped youth, parents of handicapped children, and

professionals providing services to the handicapped, and (3) a canvass of state departments of education soliciting materials relevant to this project.

This survey served to (1) identify the common core problems encountered by parents of handicapped children regardless of their child's handicap, (2) verify the appropriateness of the six units described above, (3) to gather data for adapting these units for parents of handicapped children, and (4) provide data for the other units in the program.

Literature and Program Review

An extensive literature and program review was carried out prior to finalizing the content of the ten basic parenting units during Year I and prior to development of the five specific handicap units in Year II. Using ERIC, MEDLINE and Psychological Abstracts as preliminary sources, the project team reviewed these abstracts. Articles, books and research reports which warranted investigation were obtained. As the literature review progressed, additional sources of relevant data were obtained from references in the books and articles. These were also obtained and reviewed. Over 1,000 books, articles and research reports were reviewed; over 450 references appear in the text booklets. Reference lists from all the texts are combined together with additional bibliography in a separately bound bibliography included in the program materials.

In addition, letters were sent to the Directors of the Departments of Education in each state. The project was described and a request was made for materials developed and/or utilized by these Departments of Education that might be of value

in the development of this program. Replies were received from most states and some provided materials which were useful to the project team.

Input Interviews

A total of 111 persons were interviewed to elicit suggestions concerning what should be included in the training program. During Year I, 28 professionals, 35 parents of handicapped children and 26 handicapped youth were interviewed. These interviews were taped and transcribed for review by the project team. They proved invaluable in contributing information concerning actual problems and concerns of parents of handicapped children. This helped determine not only the content needed, but also the appropriate level of sophistication at which the program should be developed. During Year II an additional 22 professionals working in each of the five specific handicap areas were interviewed concerning content of the specific handicap units.

DEVELOPMENT OF MATERIALS

An orderly sequence for program material development was followed as the staff created materials for the ten basic parenting units during Year I and the five specific handicap units during Year II.

Persons not familiar with the development of education programs of the magnitude of this program and involving this variety of program materials rarely appreciate the time consuming nature of each step in the process. The goal, of course, is a simple, easy to follow and easy to understand presentation of information. This

requires the coordination of information presented visually and auditorally in a manner which reinforces learning rather than bombards an individual with too much and too complicated information. Therefore, in preparing the materials for this program, careful attention was paid to presenting information in simple, precise form in a logical sequence, building up a reservoir of information gradually, unit-by-unit. The smoothness of the presentation of materials which has been noted by all who participated or reviewed the materials attests to the care with which these materials were developed.

The first materials developed were the slide presentations. These presentations formed the basis of "what" and "how much" information should be covered in the program. All other materials reinforce and expand the information presented in the slide presentations. After the slide presentation content and sequences were developed, wording for slides and art to illustrate major points were determined. The scripts were then written. Then self-instruction workbooks were developed utilizing the same information contained in the scripts so that group and self-instruction materials are interchangeable.

Team activities were developed to reinforce the information presented in the lecturette/slide presentations for the group formats. Exercises were developed for the self-instruction workbooks which serve this same purpose. In addition, versions of the team activity exercises were developed to provide additional information to persons completing the self-instruction materials, since they do not benefit from interactions and information generated by group participation. The texts for

each unit were then developed and serve to expand, explain and provide examples relating to the information presented in the self-instruction work-books and cassette/slide presentations. Finally, the slides were laid out and photographed, and the cassette tapes were recorded. The final materials developed were the Leader's Guides and the General Information Guides.

IV. PILOT TESTS

Prior to the final evaluation of the program, all units were pilot tested as was the evaluation instrument. Revisions to the program were made on the basis of these pilot tests.

PILOT TESTS - BASIC PARENTING UNITS 1-10

In May and June of 1975, a total of 69 parents agreed to participate in the pilot tests of the three formats of the program. Twenty-eight parents participated in the pilot test of the Cassette/Slide format, seventeen participated in the pilot of the Trainer format, and twenty-four parents participated in the pilot of the self-instruction format.

Trainer Format Pilot Test

A group of parents whose children attend the Baytown Cerebral Palsy and Crippled Children's Center in Baytown, Texas participated in the pilot tests of the program in which the project director presented the lecturettes. This pilot served to test the program under some of the conditions in which the program will be implemented, i.e., parents living in a small town, who know each other; where handicaps of the children are similar in nature and rather severe; and where all children are served by a single agency or center.

Cassette Tapes/Slide Format Pilot Test

A pilot test was conducted with a group of parents whose children represented the five handicaps which the program covers. This pilot test was conducted under

conditions similar to those under which a school system or agency serving different handicaps might conduct the program. It also simulated the condition in which a person unfamiliar with conducting training programs for groups would be conducting this program.

The twenty-eight parents participating in this pilot test were selected from lists of names provided by various agencies serving the handicapped in Houston, Texas. Most parents contacted were eager to participate. The participants came from all areas of the city. Most of them did not know each other prior to the meeting. Thirteen couples and two mother participated in this pilot.

Self-Instruction Format Pilot Test

Twenty-four parents participated in the pilot test of the self-instruction format. The parents were contacted by telephone by staff members from lists provided by several Houston agencies which serve handicapped children. These parents were contacted at the same time as the parents who participated in group II. All parents were asked if they would rather participate in the program by attending group sessions or on an individual basis. These parents chose the self-instruction format, often because their schedule prohibited attending group sessions.

SPECIFIC HANDICAP UNITS PILOT TEST

When the specific handicap units were completed in Year II, they were pilot tested with the same parents who had previously served as subjects in pilot testing the basic units. It was necessary to use the same parents because the specific

handicap units build on the basic program. Testing procedures were similar to those used for the basic units; however, only the cassette/slide and self-instruction formats were tested due to the small sample. Two of the specific handicap units (Speech and Blind) and their accompanying questionnaires were inadequately pilot tested because there were few parents in the subject group who had children in these categories.

EVALUATION QUESTIONNAIRE

An evaluation questionnaire was developed covering units 2-10 and for units A, B, C, D, E (specific handicap units). These evaluation questionnaires were made up of multiple choice items over the content of the cassette/slide information and the cassette/self-instruction information. They were designed to measure learning which occurred on each unit, for the total program and to determine if any differences occurred because of program format. The questionnaire contained 111 items for the basic units, and approximately 15 questions for each of the specific handicap units.

PILOT TEST RESULTS

Data from the first three pilot groups on the evaluation questionnaire are shown in the Appendix. Every participant on every format had a positive change score, with the average pre-test score being 68 and the average post-test score 89, resulting in an average pre- to post-test change of 21 percent.

The Kruskal-Wallis one-way analysis of variance or the Mann-Whitney U-test was used to determine whether the variables pertaining to individual differences

(demographic characteristics) had a statistically significant effect on both pre-test and change scores. These analyses revealed that on the pilot tests, program format has no significant effect on test scores, but that the parent's education level significantly influenced the pre-test score. As would be expected, the subjects with less education made lower scores on the pre-test, and they showed more improvement than did those with higher education. The greater pre-post increment occurred, of course, among the less educated because these individuals had more room for change.

Another expected finding was the relationship between previous parent training and test scores. Parents without training scored lower on the pre-test and achieved a greater pre-post change. Age of the handicapped child was a third variable which proved to be significantly related to test performance. Parents with children in the 6-10 age group scored significantly higher on the pre-test and significantly lower on the percentage of improvement. This finding is presumably due to the disproportionately large percentage of higher education subjects falling into the category of parents with children in the 6-10 age group.

Because of the small numbers of parents pilot testing each of the specific handicap units, no statistical analysis was performed for these units. However, manual tabulation of results showed a positive change score pre- to post-test for all units.

On the basis of experience in conducting the program with pilot test groups, some minor revisions were made in program content and format. A few team activities were revised, a few changes were made in the scripts, and some additional material was written to assist coordinators in conducting team activities.

The set of questionnaires over the basic units consisted originally of 111 multiple choice items. Analysis of pre- and post-training data from the pilot test groups resulted in a few test questions being revised and a number being dropped because they were answered correctly on the pre-test by a high percentage of trainees. In its final form, the set of questionnaires over the basic units included a total of 99 items. The questionnaires over the specific handicap units were revised to an average of 10 items each.

The pilot tests showed that the trainer format of the program works well, but requires a trained professional who can tailor the program to a groups needs. The cassette/slide format can easily be led by a non-professional (in this case a parent) following directions in the instruction guide. The self-instruction format is readily accepted by parents. However, parents had strong preferences concerning how to complete the materials. Some parents liked the tapes better than the workbooks; other parents just as strongly liked the workbooks and didn't use the tapes. Still other parents said they needed both. This reflects the different learning modes of parents. When giving parents self-instruction, some inquiry should be made concerning "how the parent learns best" to determine which materials to provide.

It was found beneficial to have a group of participants whose children have different handicaps. Few parents had much information on handicaps other than that of their own child. The interaction with parents of children with different handicaps was extremely meaningful as parents learned, to their amazement, that parents of handicapped children experience many feelings and problems in common regardless of the handicap.

The program produces few emotional or negative feelings in participants. It is operational and positive.

Husbands and wives who attend group sessions together or who complete self-instruction materials together (listening to cassettes together) revealed that communication concerning their child and themselves opened up considerably and helped them develop insights and a more common frame of reference concerning how to parent their child.

Parents found no unit more meaningful than any other and they agreed that each was a portion of the whole. For parents who were extremely well informed and who "keep up", the general opinion was that this program put all the pieces of parenting a handicapped child together. As one physician put it, "I've seen much of what is in the program, but never have I seen it all together in one place--it's the best I've ever seen."

The pilot test parents overwhelmingly said parents should complete this program as soon after they learn of their child's handicap as they can.

Parents who participated in group formats of the program and missed a unit, found that the procedure of completing the self-instruction for the unit worked extremely well. It was very successful in keeping them up with their group.

The pilot tests pointed up the need for the program to be conducted over longer periods of time than schedules utilized in the pilot tests. This was taken into account and revised time frames were written into the General Information Guides.

V. PROGRAM EVALUATION

The Parental Skills Program for Parents of Handicapped Children was evaluated with 95 parents whose handicapped children attend special education classes in the Houston Independent School District or at agencies that provide services for the school district.

The Sample

The sample is considered representative of the general population of parents of children with handicaps who attend this very large school system. Houston Independent School District not only serves the inner city, but outlying suburbs, having a student population of 206,948. Of this total at the time of the evaluation, it served 113 blind children, 436 deaf children, 2,806 speech impaired (includes minor speech impairments), 1,171 orthopedically handicapped students (including homebound), and 2,231 mentally retarded (820 trainable and 1,411 educable). Not all of these handicapped children attend self-contained classes.

In selecting the sample for the evaluation on March 15, 1976, letters were sent home with the handicapped children in self-contained classes and with children at special agencies for the handicapped that provide services for the school district. Although no accurate count of actual letters arriving home via the students is possible, 1,900 letters were originally given to the students. Of this total, 579 letters were returned indicating parents wished to participate in the program. Often both parents of a child wished to participate and the total number of parents expressing an interest was 711.

The letter sent home with the children is shown in the Appendix. This letter briefly explained the program and offered three alternatives for participating. Parents could attend six three-hour session meetings twice a week during a three week period in May 1976 during school hour sessions (10 a.m. - 1 p.m.) or in the evening (7 p.m. - 10 p.m.). A third option was self-instruction at home.

To the surprise of both the staff and the school system, 84 percent of the parents wished to participate by self-instruction while 6 percent chose the school hours group and 10 percent selected the evening group.

Following is a breakdown by handicap of how parents wished to participate:

<u>Handicap</u>	<u>Total Number of Parents</u>	<u>Group School Hours</u>	<u>Group Evening Hours</u>	<u>Self-Instruction</u>
Physical	108 (15.2%)	9	13	86
Retarded	367 (51.7%)	23	30	314
Vision	28 (3.9%)	3	4	21
Speech*	48 (6.8%)	1	9	39
Deaf	145 (20.4%)	7	14	124
Unknown	<u>14 (2.0%)</u>	<u> </u>	<u> </u>	<u>14</u>
Total	711	43	70	598
Percent	100%	6.05%	9.84%	84.11%

*This small number in the speech handicap group is due to the fact that letters were sent home only with children with profound speech handicaps; and, in addition, Houston Speech and Hearing Center, where many of the young speech impaired children attend classes, was holding parent training of a counseling nature at a time conflicting with our scheduled training.

All parents wishing to participate in the group sessions were contacted, but not all could meet the schedule or had transportation to the training facility, a centrally located auditorium. This reduced the number of parents actually available for group training. Attempts were made to obtain 120 parents representing all five handicaps with children distributed across the age range from early childhood to adolescence and spread over the socio-economic range to participate in the self-instruction formats. This evaluation group finally consisted of 94 parents.

Two groups were established in the Cassette/Slide Format, one met during school hours and one in the evening. No group could be generated for which the Trainer Format was appropriate. This format was therefore not evaluated.

The 94 subjects slated for self-instruction were divided into two categories. One, consisting of 46 parents, was furnished tapes along with the other self-instruction materials (they owned or had access to cassette players). The remaining 48 subjects were assigned the self-instruction materials without the tapes.

In summary, the evaluation involved a comparison of learning under three conditions: the Cassette/Slide Group Format and two versions of the Self-Instruction Format.

Evaluation Procedure

Parents participating in the group format attended 6 three-hour sessions over a three-week period. At the first session they completed the pre-test questionnaire

over the content of the entire program, and a demographic data sheet. The post-test for each unit was completed at the end of each unit.

Self-Instruction participants completed their pre-test questionnaires before commencing study. Post-test questionnaires were included with the self-instruction materials and were completed after each unit. These parents also completed the demographic data sheets in the beginning. After completing all materials, both the group and self-instruction participants completed subjective evaluation forms.

Evaluation Results

A total of 146 parents completed the pre-tests and were given training materials or attended training sessions. Only those subjects who completed at least six of the nine basic units and had completed the pre- and post-tests on these units were included in the analysis of the data. Ninety-five subjects met these criteria.

Fathers were somewhat less likely than mothers to complete the program. There were no differences in tendency to complete on the basis of income, education, race, or age of subjects. Few of the subjects not completing the program were actual drop-outs. Most were still active participants at the end of the program but had missed too many units, or failed to complete enough units in time to be included. Some submitted incompleeted questionnaire data even though completing a sufficient number of training units. The greatest loss occurred in the

self-instruction formats. Many of these parents simply did not have enough time to complete all the units in the time allowed for the evaluation.

EFFECTIVENESS OF PROGRAM

The evaluation of the program was designed to measure only the change in knowledge for parents participating in the program. The evaluation questionnaire, therefore, covered only program content and no attempt was made to evaluate the retention of information gained, or the application of this information in actual parenting situations.

An assessment was made concerning learning for each unit in the program and concerning the effectiveness of the formats included in the evaluation.

All tables related to the statistical analysis of the program are contained in the Appendix.

An analysis of the evaluation data shows:

Each Basic Unit in Each Format is Effective

The basic units in the various formats are effective. Difference between pre-test and post-test scores for the basic units for all formats combined showed a 23 percent increase (pre-test mean = 55, post-test mean = 78). Pre-to-post improvement occurred for each unit in each format.

A Wilcoxon matched-pairs signed-ranks test confirmed that a significant number of individuals within each of the unit-format combinations showed pre-to-post-test

improvement, with the exception of Unit 8 for the self-instruction/cassette format - a finding for which there is no immediate explanation. With this single exception, learning occurred on each unit in each format.

No Differences Between Formats

Kruskal-Wallis one-way analysis of variance indicated no differences among the program formats for pre-test scores or between pre-tests and post-test scores. Because of this finding, data from the three formats were combined into a single distribution for each of the basic units, providing an N of 90 to 94 for each unit. The combined data were used for all subsequent analyses.

Evaluation of Basic Units

The pre- and post-test levels of performance across basic units was roughly parallel. That is, units with higher pre-test scores had higher post-test scores, and an inverse relationship existed between pre-test and change scores with the level of both the post-test score and change score determined to a great extent by the level of the pre-test score.

Pre-test scores ranged from 42 on Unit 7 (Stress) to 64 for Unit 5 (Motivation). Except for these two units, pre-test scores were grouped closely around an average of 55 percent correct responses. Post-test value had a narrower distribution, ranging from 72 to 86 percent correct responses on the various units. Three units deviated considerably from the mean of 23 percentage points gained. A large gain in Unit 7 (Stress) is due to the low pre-test score, as mentioned above.

Gains of 16 points occurred on Unit 4 (Activator Parent) and Unit 5 (Motivation).

For Unit 5, this result is created by the high pre-test score, as already noted.

It is believed that the rather theoretical and thus difficult nature of the Activator Parent, Unit 4, accounts for this lower change score.

Evaluation of Specific Handicap Units

All parents complete the ten basic units, but parents only completed the specific handicap units related to their child's handicap. Of the 94 parents completing the first ten units, the following numbers completed the various handicap units: Physical-22; mentally retarded-34; blind-1; speech impaired-13; and hearing impaired-15.

The specific handicap units were the last units completed by parents. Self-instruction completions were reduced by enforcement of a deadline related to the end of the project contract.

Very substantial increases in scores pre-to post-test were obtained on all specific handicap units when all format scores were combined (Physical Handicap Unit-21% increase; Mentally Retarded Unit-39% increase; Speech Impaired--44% increase; Hearing Impaired Unit-23% increase). Although no statistical analyses were made on this data, it is probably safe to assume that learning did occur on these four specific handicap units. No conclusion should be drawn about Unit C (Visually Impaired) which showed a 66% increase since only one subject was involved.

What Significantly Affects Pre-Test and Post-Test Scores

The Kruskal-Wallis one-way analysis of variance and the Mann-Whitney U-test were used to determine the presence of statistically significant relationships between questionnaire scores for the basic units and the characteristics of the training participants described previously. For dichotomous variables (e.g., sex) the U-test was employed. For variables having more than two categories (e.g., age) the Kruskal-Wallis was first applied, and when a significant difference was found, the U-test was then used with all combinations of categories within the variable.

The variables included in this analysis were program format, age, sex, race, education, occupation, family income, previous parent training, age of handicapped child, child's handicap, and age when parent learned of handicap.

It is extremely interesting and very significant in terms of assessing who would benefit from this program, to learn that none of the above variables affects the amount of learning except that parents who have had previous training in early childhood education or infant stimulation had significantly lower change scores than parents who have not had this training. Of course, these parents tended to have high pre-test scores, which predicates a smaller change score.

The expected relationship between education and pre-test scores was found to be significant, with both the college educated group and those having graduate work achieving higher scores than those having high school or less. It is interesting to note, however, that the amount of learning is not significantly influenced by education level.

Occupation, like education, proved to be significantly related to pre-test performance, but not to amount of new learning. Comparisons among the occupational categories reveal that the professional and supervisory group clearly did better on pre-test than subjects in the student, blue collar and unskilled worker categories and that their pre-test scores approached significance when compared with those in the "housewife" category.

There was a relationship approaching significance for those who had had general parent training or had attended discussion groups. They had higher pre-test scores than those who had no such training.

Participants Liked the Program

Eighty-one parents completed the subjective evaluation of the program. This consisted of a number of items where parents ranked the program on a 5-point scale. These parents also answered questions relating to what they liked best, and least about the program, and if the program failed to live up to their expectations. Some also made general comments.

The participants were highly laudatory in their assessment of the program. The ratings on almost every item where parents ranked the program on a 5-point scale were near the optimum. No item received a rating in the negative direction. All responding participants felt the program was (1) about the right length and (2) contained about the right amount of information. They (3) considered the content to be about right in terms of ease of understanding. They

(4) found the program to be highly interesting more than 75 percent of the time. They (5) felt the program would be very useful to them and they (6) said they would strongly recommend it to other parents of handicapped children.

Each type of training materials and each of the separate units received a rating between "moderately helpful" and "very helpful", with the vast majority being rated near the "very helpful" end of the scale.

When asked what they liked least about the program, there was a consistent mention of the fact that parents were rushed. Both in the groups and in completing self-instruction, parents wished they had more time. The other common theme related to the long evaluation questionnaires, or to the difficulty in selecting the correct answers. All other comments in this area were so diverse as to form no pattern at all.

When asked what they liked most about the program, again the answers were varied; however, there was a theme that parents liked the whole program. A typical answer was "Everything, every unit was enlightening. I liked every unit, especially Parental Scripts, Activator Parent, Communication, Stress, and the last four. It helped. Period." Another comment, "The realization that all parents and children have the same problems and that there is a possibility of solving the problem regardless of the handicap." or "The simple and almost always clear presentation of materials made it very easy to learn." Another comment: "It was very helpful to me as a parent. I got so much information that I didn't have before that I really needed. I have always wanted to be able to understand things clearer. This is a big help to me."

Concerning the questions, "In what ways did the program fail to live up to your expectations? That is, what did you fail to get that you had expected to get?" the overwhelming response was that the program provided much more than the parents had expected. Such answers as "Got more than I expected." or "The program far exceeded my expectations. I feel it is excellent." or "The program was beyond my expectations." "Well, it didn't fail in any way to me. I learned a lot." or "I really didn't expect the program to be so interesting and informative. I was surprised when I started reading and didn't really want to put it down."

When asked to write any comments or suggestions about the program not covered by other questions, almost every statement was laudatory. Some typical comments are:

"This type of program is one all parents of handicapped children should take part in. It has helped me to understand my child better, to deal with her handicap and most of all what to expect from her. The Doctor has not given me this much information about my child in all the years we've been going there. To me, this is needed as much as medicine--in fact, more. Wish this had been available sooner." or

"The best benefit of this program is that it makes me stop to think what kind of parent am I--it has shown me some places I am 'short-changing' and made me feel good about the things I did right." or

"I appreciate so much the opportunity for participation in this program. It has made me so much more aware of my child's problems and what I as a

parent can do to resolve them." or

"This is a very helpful program. My child has been deaf almost 12 years and I just admitted openly to myself about these negative feelings I have. I thought I didn't love my child and I felt bad about the way I felt sometimes about my child. After going through this program, I realize that most parents of handicapped children have many different feelings, some positive and some are going to be negative, too. This does not mean that the parent does not love their child. I know I have these feelings and after going through this program I know how to deal with them. As I said, this program was very helpful to me."

Evaluation Conclusions

The following general statements summarize the evaluation findings:

1. The program is suitable for parents regardless of their child's handicap, or the child's age and regardless of the age, education level if above 9th grade, sex, race, income or occupation of the parent.
2. Income, education and occupation affect the pre-test scores, with higher income, higher education and professional parents scoring significantly higher than other parents. These factors do not affect the percentage of change between the pre- and post-test and no group of parents' scores were significantly different from any others in terms of amount of learning.

3. The self-instruction with tapes is as effective as the self-instruction without tapes. There is no difference between the self-instruction and group format in terms of parental learning.
4. Parents like the program and evaluate every unit near the optimum when ranking them on a five-point scale. All program materials were ranked high by parents who found that the program's length was about right, as was the level and amount of information presented. Parents found the program very helpful, and very interesting. They would highly recommend it to other parents of handicapped children.
5. In terms of parents' general comments, they felt that too little time was provided to complete materials. This was caused by the tight evaluation schedule and should be no problem when implementing the program according to suggestions provided in the information guides.

Summary

The Parental Skills Program for Parents of Handicapped Children is an effective, well accepted parental education program which provides information which parents of handicapped children need and accept. Its flexibility in serving a wide variety of training needs is well documented. Its ease of implementation is established. The enthusiasm of parents completing the program attests to the impact of this parent education program. As many parents said, "It helps."

VI. INFORMATION CONFERENCE

The contract under which the Parental Skills Program for Parents of Handicapped Children was developed required that a conference be held to introduce the program to interested school systems, state departments of education, and agencies serving the handicapped throughout the United States. Plans for this conference began in the early days of the project.

During the first year of the project, the staff contacted state departments of education to obtain the names of persons charged with responsibilities for parent education (handicapped children). In addition, many letters of inquiry about the project were received over the project period. Mailing lists of agencies and organizations in the various handicap areas were gradually collected over the project's first year and one-half.

Actual plans for the conference began in March of 1976 and the conference was held on June 16-17, 1976. A brochure was developed which described the project and in the 2nd week in April a letter of invitation, a reservation form, and the brochure was mailed to persons on the mailing lists which had been developed. In an effort to reach school systems in each state, telephone calls were made to the persons in each state department of education that the project staff had contacted previously and most agreed to send out conference information to those school systems in their state which they knew to be interested. Each state requested conference packets which were forwarded to them for distribution.

Unfortunately, the timing of the conference, created by necessity (the materials were not ready prior to June), caused the conference to be conducted after school was out in most places. Therefore, many letters of regret were received from persons wishing to attend, but unable to do so. These people asked if other conferences particularly in their areas of the country, would be held.

One hundred forty-one persons registered for the conference and they came from all over the United States. It is interesting to note that each participant paid his own expenses, and yet participants came to Houston from as far away as Maine and Washington State, and all points inbetween. Participants represented a variety of organizations. Some were from school systems, some from universities, others from agencies serving the handicapped, while others were from national organizations for the handicapped. Many participants were from Learning Resource Centers in the various states who distribute materials for the handicapped.

During the two-day conference, the program was presented for participants. Dr. William A. Spencer, M.D., Director, Texas Institute for Rehabilitation and Research, made opening remarks, and the Project Director, Roy Clifford, presented the program, which included the cassette/slide presentations for the various units, some of the participant activities and general discussions concerning the implementation of the program. Kenneth Ware, Ph.D., presented a discussion of the program evaluation.

Although it had not originally been planned to show all units because of time limitations, many participants stayed during the lunch hours and in the evening to see the units which had not been shown during the day.

Response to Program

Response to the program was outstanding. Conference participants were extremely positive in their acceptance of the program. A testament to the outstanding response of participants was that with the exception of one agency represented, all persons attending the conference signed forms stating that they wished to purchase the program. Most wanted the program for September 1976.

And there has been considerable additional interest since the conference as the participants pass the word to their associates. No day has passed since the conference that letters and/or phone calls have not been received requesting information on costs and availability. Unfortunately, at the date of this report, August 1976, this information is not available. No decision has been made concerning who will disseminate the program or its costs. All inquiries have been answered stating that the date of availability and costs are not known, but that as soon as they are, the information will be supplied.

Comments of Participants

There were, of course, comments and suggestions by the professionals who attended the conference. Some wished more time had been allowed so that more detail on implementation could have been presented. Others did not feel this need. The combination of self-instruction and group materials enchanted many who wondered why this had not been done in other programs. Constant comment was received concerning the excellent quality of the slides and cassette tapes.

Several persons from agencies serving the deaf-blind felt that a unit on deaf-blind was needed as neither the deaf unit nor the blind unit grasped the complexities of the deaf-blind child. There was expression of need for a unit on the emotionally disturbed child, with the suggestions that the basic parenting units were extremely applicable to such children. Others wanted a unit on learning disabilities.

Others felt that a unit on Language Impairments was needed, and some expressed the need for units on each of the more common physical handicaps, i.e. cerebral palsy, cystic fibrosis, muscular dystrophy. Many said the program should be done in Spanish.

One agency in Mississippi felt the program was not suitable for their parents who could not read. They said their parents wouldn't even be able to read the short words on the slides, and the staff agreed that for such severely limited parents, this program would not be suitable without considerable alteration, if at all.

Other Activities

The Project Director had, prior to the mailing of invitations to the conference, been asked to present the program at the national Alexander Graham Bell Convention in Boston in June and at the National Convention of the American Council of the Blind in Hot Springs, Arkansas in July. Consequently, agencies serving the deaf and blind were not sent invitations to the implementation conference. It was felt that sufficient exposure of the program would occur at

these two conventions in the area of deaf and blind. In addition the program was presented to the National Association of the Deaf Conference in Houston in July 1976. The Project Director has been invited to present the program at the "Art and Science of Parenting the Disabled Child" Symposium sponsored by the University of California in November 1976.

As with participants at the Implementation Conference, the acceptance of the program by participants at these conventions was outstanding. Most signed forms stating they wished to purchase the program - most wanting it for the fall of 1976. A further impact of these conferences has resulted in letters and phone calls as participants tell their associates about the program.

As indicated above, when professionals see the Parental Skills Program for Parents of Handicapped Children, they want to use it. Their response and acceptance suggest that other conferences across the country to inform professionals about the program would result in extremely wide use of the program in training parents of handicapped children.

VII. CONCLUSIONS

The acceptance by parents, the acceptance by professionals, the pilot test and evaluation results all attest to the value of the Parental Skills Program for Parents of Handicapped Children in effectively fulfilling the need for programs to train parents of handicapped children.

From the parents' point of view, they are indeed "parents without scripts" who want guidance, who want to learn successful parent skills, and who want to understand and manage their own feelings and reactions to their handicapped child. They speak, all of them, of the long search for information, the desperate attempts to develop a script that has a direction, and that will help them successfully parent their child. They say "this program helps." They say, "I only wish I had had the program sooner, or "Parents need this program just as soon as they find out their child has a handicap."

From the professionals point of view, the program is seen as a strong aid in helping them accomplish their jobs. They see its easy implementation. They see it as a successful way to generate parent behaviors which will help parents move in the direction of developing their handicapped children. They like the concepts upon which the program is based, and its positive approach. They talk of how operational the program is and how it does not linger on the sadness of handicapped children, but rather on the optimistic view that handicapped children have a future which is not too different from the rest of us, if their potential is developed.

The pilot tests proved that the program works. The cassette tapes and slides work. The team activities work--they do involve the parents and generate discussions and keep up interest and reinforce major points. The texts are read, and they do explain and expand information and generate learning. The self-instruction materials work and parents have no difficulty in completing them and they do complete them. The evaluation procedure is effective, and it measures learning.

The evaluation of the entire program verified what was found in the pilot tests. The very fact that the evaluation was an actual implementation of the program, in an actual school system, with parents of handicapped children who wanted the program attests not only to the very strong need for the program, but that parents want parent education. The evaluation showed that all formats of the program work equally well, each serving the various needs of parents of handicapped children. It showed that learning occurs for every unit in the program, and that the program is suitable for an extremely wide variety of parents--from those with junior high school educations to the sophisticated parents and those with graduate degrees. It was not too hard for those with less education, but it did not bore or insult the intelligence of the more educated. It didn't matter the handicap of the child, or the child's age or the parent race, sex, age or occupation, the program worked just as well for one parent as another. Again, parents said they liked the program. They liked the materials and the program was useful to them. The evaluation group parents again said they would recommend the program to all parents of handicapped children. Some said they wished there was a program with similar ideas and skills for teachers and professionals.

Obviously, no training program is the ultimate--fulfilling all needs and generating perfect parents. The Parental Skills Program is approximately 35 hours worth of education. No life it totally changed in 35 hours of education, yet the parents said this program mattered. They said they got ideas, concepts, and points of view they never had before. They got to take a look at their own behavior, and to share with other parents ideas and experiences. They found out they were not all alone. Sometimes they found out that their child's handicap was not nearly so grave a problem as they had thought. They came away with ideas about positive things they could do.

After a year had passed, some of the parents in the pilot test were gathered together for a meeting. The evaluation questionnaire they completed had been revised in light of pilot test results, and needed to be checked. Interestingly, and to the surprise of the staff, the scores a year later were just as good as they had been on the post-tests a year before. These parents told about the very subtle, but profound changes that had occurred in how they parented their children. One family, decided they had had a handicapped-centered family, and their other children were suffering, and they changed. Another told of how the father now takes their child to the C.P. center many mornings--before, he never shared that task with the mother. They spoke of open communication, and their successful attempts to change from being negative motivators to positive ones, and how they thought they were "Activator Parents" more so than before. They spoke of how they understood their child's stress, or their negative feelings and how they managed better. One said, she always thought of her child as sick, but not now. She

had always assumed the child's almost impossible behavior was handicap-related, but not now. Subtle changes in point of view, in direction of parenting occurred. Perhaps a statement by one parent sums it up. This program is an education. Few parents have any education about how to parent."

And still the program is not complete. The basic units are applicable to children with handicaps. The specific handicap units do not cover as many handicaps as they should. There needs to be a unit on Deaf-Blind Children. A unit on Learning Disabilities is needed. Units on the Emotionally Disturbed Child and on the Autistic Child are needed. There needs to be a unit on profound Language Impairments, and on Cerebral Palsy. The program needs to be translated into Spanish.

APPENDIX

DETAILED PROGRAM DESCRIPTION

The Parental Skills Program for Parents of Handicapped Children consists of fifteen self-contained training modules. The modules are divided into two major groups. First, there is a 10-module basic parenting program. Each unit in the basic program covers a topic relevant to parenting of handicapped children in general. The second group of modules consists of five handicap-specific units. Parents in training complete all ten basic units followed by the single unit dealing specifically with the handicap of their child.

PART I - BASIC PARENTING UNITS

Parents complete each of the ten basic parenting units in numerical sequence.

Unit 1 - Introduction

This first unit provides a detailed description of how the program will be conducted, what it covers, how it was developed and the goals of the program. The procedures for participating in the program are outlined, and an overview of each unit is presented.

Unit 2 - Family Stage

This unit emphasizes that parents of handicapped children face unique and demanding parental situations which require special insights and parental behaviors--many of which parents rarely have had an opportunity to acquire. The content is designed to provide insights into the various problems and situations most parents seem to face with the introduction of a handicapped child onto their "family stage." The unit is designed to generate an awareness that parents are not isolated and unique in their

feelings and reactions to having a handicapped child. Instead they share many common reactions, common problems, common feelings and common pitfalls with other parents of handicapped children. The unit allows parents to gain self-insights and to take an overall look at the stages most parents go through as they adjust and adapt to parenting a handicapped child. The unit emphasizes the need for parents to gain new insights and understanding to learn new parental behaviors in order to successfully deal with their parental situation.

Unit 3 - Parental Scripts

This unit explores five different parental roles (scripts) which parents of handicapped children tend to follow. The behavior typical of each parental script is presented, also, how these scripts differ in terms of (1) how parents view their power and authority over their child, (2) how they conceive of their parental responsibility, (3) what basic rights they believe their child has, and (4) how they conceive of their child's needs. In addition, the impact each parental script tends to have on a handicapped child is presented. The five roles which are covered are (1) Martyr Parent, (2) Controller Parent, (3) Abdicator Parent, (4) Cavalier Parent, and (5) Activator Parent. The desirability that a parent of a handicapped child follow an Activator Parent script in parenting a child is emphasized.

Unit 4 - Activator Parent

This unit presents four steps which parents may follow in developing an Activator script, which in most instances will be a new script for a parent to follow. These steps involve (1) New Goals--the goals being the development, to the degree possible,

of a handicapped child's self-sufficiency; and helping the child move from immaturity toward maturity, (2) New Insights--into a handicapped child's rights, needs and potential, (3) Having an "Open Image" of a handicapped child--and (4) Developing new parental behaviors which will assist the parent in successfully developing the potential of a handicapped child. Steps 1 - 3 are covered in detail in this unit. The remaining units cover new parental behavior skills.

Unit 5 - Motivation

This unit is designed to develop insights and parental behavior skills for motivating handicapped children. Emphasis is placed on the desirability of developing a backlog of success and a positive self-image. The motivation techniques and behaviors presented are labeled (1) negative motivations behaviors, and (2) positive motivation behaviors. The effect of each motivation technique in building a child's self-image, skills, and self-motivation are explored as well as the effect on self-confidence and independence. Parental behavior skills for using positive motivation are presented in detail.

Unit 6 - Communication

This unit is designed to provide insights into communication barriers which can develop between parents and their handicapped children. Emphasis is placed on describing the parental behaviors which result in closed communication between a parent and child contrasted with parental behaviors which result in open communication between parent and child. The detrimental effects of closed communication upon the motivation, self-image and mental health of a handicapped child are explored as well as the beneficial

effects of open communication. The specific parental behaviors of empathizing, identifying, accepting, sharing, listening and approving are presented.

Unit 7 - Stress

This unit is designed to provide insights into the problems of stress in parents and in handicapped children. Special emphasis is placed on exploring the bio-psychological basis for stress and in learning to identify the behavior manifestations of stress: aggression, withdrawal and adaptation. Emphasis is placed on steps for managing stress, including identifying the source, evaluating the problem, developing alternatives, taking action or redefining the situation. Techniques for successfully assisting a handicapped child to learn about stress and to develop behaviors for successfully managing it are explored. Steps for successfully managing parental stress are also covered in detail.

Unit 8 - Risk Taking

This unit is designed to provide insights into the need for calculated risk taking to occur if a handicapped child is to be provided with opportunities to experience a wide variety of situations from which to learn and develop. The effects of over-protection which deprive many handicapped children of essential experiences available to most children are explored. Five common risk taking styles which are utilized by parents of handicapped children are presented: (1) The Avoider Parent, (2) The Insurer Parent, (3) The Calculator Parent, (4) The Adventurer Parent, and (5) The Daredevil Parent. The behavior and motivation of each of these risk taking styles is covered in detail, along with the effect of each style on the handicapped child. The skills needed for

being a "Calculator" risk taker in order to allow a child to take responsible risks needed for growth are explored in detail.

Unit 9 - Games

This unit is designed to provide insights into the "people" games which can develop between parents and their handicapped child, parents and their other children, and parents and their spouses. It also explores games which can develop between a handicapped child and his siblings, teachers, relatives and other children and adults. Emphasis is placed on learning to identify the various games which may occur and developing behavior skills for successfully handling game transactions. Emphasis is also placed on the mechanics for developing game-free relationships between parents and their handicapped child and other members of the family.

Unit 10 - Family Balance

This unit explores the interactions which occur in a family where there is a handicapped child. Special emphasis is placed on contrasting the "handicap centered" family versus the "balanced" family and the effect of each family style on the handicapped child and other family members. Emphasis is placed on the need to maintain balance in a family where there is a handicapped child for the well being of all family members. Procedures and action steps which can assist in developing balance are presented.

PART II - SPECIFIC HANDICAP UNITS

After completing Units 1-10, parents complete the specific handicap unit or units related to their child's handicap.

In each handicap area (physical, retardation, vision, speech, hearing) there is a wide range of variation in degree and severity of the handicap, or a number of different kinds of handicapping conditions. Therefore, each handicap unit is, by necessity, rather general in scope. This is especially true of the unit on physical handicaps which covers such widely divergent conditions as cerebral palsy, muscular dystrophy, cystic fibrosis, sickle cell anemia, spinal cord injuries, etc. The units on visual impairments and hearing impairments focus on the more severe degree of handicap and cover early childhood development. The unit on mental retardation focuses primarily on the trainable retarded child's early development, while the unit on speech covers the three most common types of speech impairments. All units seek to develop parental perspective concerning the overall effect of each type of handicap on a child.

Unit A - Physically Handicapped

This unit seeks to develop parental perspective concerning the child with a physical handicap and the profound effect parenting perspective has on a physically handicapped child. It explores the common myth that the physically handicapped child is condemned by his handicap to a lonely life, dependent totally on others, with little satisfaction and independence. It presents a counter-view to this myth by dealing with the real chances physically handicapped children have for leading meaningful, rewarding lives including having goals, independence and meaningful social relationships. The unit explores some of the factors which create barriers and reduce the physically handicapped child's chances for a meaningful life. For example, parents and significant

people in the child's life may (1) have a "closed" image of the child concerning what he can and cannot do, (2) treat the child as infantile or childlike, (3) limit opportunities for social skill development, (4) keep the child trapped in a "closed" communication system where necessary information is withheld from the child, (5) deny opportunities for the child to take normal risks, (6) treat the child as if he were sick rather than handicapped. The unit focuses on things that parents can do to counter these conditions. For example, encourage the child to have a normal daily routine, focus on developing skills and a success backlog, goal setting, and teaching the child to share responsibilities, make decisions, become an expert on his physical condition and gradually learn to be in control of his own life. The unit also expands information in the first ten units in the areas of communication, motivation, stress, risk taking and family balance as it applies to the physically handicapped child.

Unit B - Mentally Retarded Children

One of the most difficult problems encountered by parents of children who are mentally retarded is setting realistic expectations for their child's development. The diagnosis of mental retardation does not define the limits of a child's ability to learn skills, take on responsibilities, and profit from new situations and information.

This unit seeks to develop an operational parental perspective concerning a child who is mentally retarded. It contrasts two opposing views many parents have concerning their mentally retarded child and explores the impact each view has on the potential development of a mentally retarded child. These views are that the mentally retarded child is an "eternal child" who is incapable of developing skills and who will forever

be a child versus the view that the mentally retarded child is a "developing child" whose skills and potential can best be developed by providing the child with learning opportunities which are similar to other children. Because one of the most difficult problems encountered by parents of retarded children is setting realistic expectations for their child's development, a goal setting procedure is presented for developing the child's intellectual, physical, emotional, self-help and social skills. In addition, the importance of actively teaching the retarded child language and speech skills from birth is emphasized and information is presented concerning language and speech development and parental skills for actively teaching language and speech to the mentally retarded child. The unit also expands information provided in the ten basic units in the areas of motivation, communication, risk taking, stress and family balance as it applies to the mentally retarded child.

Unit C - Visually Impaired Children

This unit is primarily for parents of young children who have severe visual impairments. However, the basic information provided concerning the overall and subtle effects of a severe visual impairment on a child's intellectual, social, physical and emotional worlds develops a perspective concerning blindness which many parents of older blind children do not hold. The unit establishes the goal of developing an active, mobile and independent child whose parents begin very early to help their child develop his intellectual and learning skills, self-help, social and emotional skills for adapting to and successfully operating in the everyday world. It explores the special teaching focus of providing both tactile and auditory information to the blind child and expands the parental skills and insights presented in the ten basic

units concerning communication, motivation, stress, risk taking and family balance as they relate to the child who has a severe visual impairment.

Unit D - Speech Impaired Child

This unit is concerned with the three major speech impairments: stuttering, articulation problems and voice difficulties. It does not cover language impairments but explains the major difference between a language and a speech impairment. It seeks to develop a parental perspective about the profound difficulties in a child's overall development which arise as a consequence of a speech impairment. It describes the pitfalls many parents encounter as they unknowingly accentuate and perpetuate their child's speech difficulties. The unit explores parental behaviors for successfully helping a speech impaired child and expands parental insights and skills for communication, motivation, stress, risk taking and family balance as they relate to the speech impaired child.

Unit E - Hearing Impaired Child

This module focuses upon major developmental difficulties children have as a consequence of hearing impairments. It is primarily for parents of young hearing impaired children. The module provides parents insights into the effects of the handicap upon the child's overall development, and alternative behavioral skills with which parents can optimize the child's growth.

Children with hearing impairments characteristically suffer from sensory deprivation, and communication problems stemming from limitations of language development. It

is also the case that secondary effects of hearing impairments may prove more troublesome than the original features. Such difficulties appear as social withdrawal, experiential deficiencies and lack of responsibility arising from dependency relations with family members.

In addition, the options related to a hearing impaired child learning oral communication versus total communication are presented, along with what is required of parents in terms of time and commitment from the various options. The desirability of a joint decision and family involvement in helping the hearing impaired child to develop communication skills whether they be signing or oral are explored.

Parental skills and insights in the areas of communication, stress, risk taking and family balance as they specifically relate to the hearing impaired child are presented.

PROGRAM HAS THREE FORMATS

In order to serve a large segment of parents of handicapped children throughout the nation, the program was developed in three different formats. It can be used in three types of parent learning situations. These three formats are referred to as (1) Cassette Tape/Slide Format for Groups, (2) Trainer Format for Groups, and (3) Self-Instruction Format for Individuals.

Cassette Tape/Slide Format for Groups

This format utilizes cassette taped lecturettes synchronized with slides. There is a cassette tape and set of slides for each unit in the program. In addition there are two participant activities for each unit which are combinations of case histories, discussion topics, role playing exercises and demonstrations.

The lecturettes and slides present basic information and parents then form teams and become actively involved in the team activities which reinforce information presented in the lecturette/slide presentations. For each unit there is a textbooklet which parents read at home after the group session. This format requires no trained instructor. It does, however, require a coordinator who may be a parent, teacher, counselor or social worker. The coordinator follows an Instruction Guide which contains all information necessary to present the cassette/slide presentation, assist parents in forming teams, assign team activities, conduct feedback session, and for brief wrap-up statements at the close of each unit. This format lends itself well to parent organizations, school systems and agencies serving parents of handicapped children. It is suitable for a very broad range of parents, with the exception of parents with extremely low education levels and extremely young parents. Group sizes can range from six to approximately 35.

The time periods required for parents to complete the ten units in Part I and one specific handicap unit in Part II of the cassette tape/slide format are as follows:

	Hours Required	
	Group Session	(At Home - Read) Text Booklets
<u>Part 1</u>		
Unit 1	1	1
Unit 2	2	1
Unit 3	2	1
Unit 4	2	1
Unit 5	2	1
Unit 6	2	1
Unit 7	2	1
Unit 8	2	1
Unit 9	2	1
Unit 10	2	1
Unit A B C D or E	2	1
	<u>21</u>	<u>11</u>

Total Hours of Parent's Time = 32 Hours

The same sequence is followed for each unit in the program. The only variation from unit to unit is in the type of participant activities.

The following steps summarize the sequence for each unit:

Lecturette/Slide Presentations	20 minutes
Participant Activity I	30 minutes
Feedback Session - Activity I	15 minutes
Participant Activity II	30 minutes
Feedback Session - Activity II	15 minutes
Unit Summary & Wrap-up	10 minutes
Approximate Training Time	2 Hours

During the presentation of each unit, a session "coordinator" must be present. The coordinator leads the session and insures that the group stays on schedule, and does not go off on discussion tangents.

The person who is session coordinator for a unit must listen to and look at the cassette tape/slide presentation prior to the meeting. He/she should carefully review the step-by-step procedure for the unit. It is also helpful to read the text for the unit.

The session Coordinator:

1. Presents the slide/cassette tape presentation. He/she must know how to operate the slide projector and cassette tape equipment.
2. Coordinates participant activities. This includes assigning the activity in the Team Activity Booklets, assisting participants in forming teams, and assisting teams in understanding the activity when they have questions. It also involves timing the team activity and calling teams back to the general meeting. Instructions are provided in a Step-by-Step procedure for each unit.
3. Leads team activity feedback sessions. During feedback sessions each team's reporter makes a report to the total group. At the conclusion of these reports, the session coordinator generates a general discussion of the activity, and at the conclusion summarizes the major points. This is done by listening to the reports, and by referring to a suggested summary provided in the Step-by-Step procedure for the unit.
4. Presents a unit wrap-up at the conclusion of the session. Instructions and suggestions for these wrap-ups are provided in the Step-by-Step procedure.

The session coordinator should have some group leadership skills, but does not have to be a professional trainer. The same person need not be coordinator for each unit. Counselors, teachers and parents who have experience with groups can easily become session coordinators.

When parents serve as session coordinators, different ones should lead each session. This generates greater involvement and commitment.

Trainer Format for Groups

For groups of parents with limited education and for extremely young parents, some modification in the sophistication level of the program must be made. That is, a counselor, teacher or trainer will need to assess the level of such a group and tailor the presentation to fit the group. The Trainer Format of the program was developed for this purpose. This format involves the instructor following scripts keyed to each slide as provided in Leader's Guides for each unit. The trainer makes the lecturette personally and does not use the cassette taped lecturettes but does use the slides. These personally presented lecturettes follow the script, but the instructor modifies them, adding examples and explanations and using terminology and vocabulary which the training group understands.

Time required for this format of the program will depend on the training group and the degree of modification of the program required. For this format the training instructor will need to be a professional who is completely familiar with program content and materials.

Self-Instruction Format

Many parents of handicapped children cannot attend group sessions. Some parents prefer to study on an individual basis and some are in small communities where group training is not feasible. For these reasons the self-instruction format of the

program was developed. This format of the program contains the same information that is presented in the group formats. It includes self-instruction workbooks for each unit in the program and a cassette tape for each. In addition, participants read the same textbooklets that are read by parents participating in group training. The self-instruction workbooks contain short paragraphs written in extremely easy-to-read style. These paragraphs present the same information presented to groups via slide presentations and taped lecturettes. Interspersed throughout the workbooks are exercises (fill in the blank, multiple choice, matching). The exercises cover information contained in paragraphs preceding each exercise. Correct answers are provided with each exercise. The cassette tapes present auditorally the same information contained in the paragraphs. They reinforce learning as do the exercises. Parents who learn best by reading often prefer not to listen to the tapes, while parents who are auditory learners use both the tapes and workbooks by preference. Parents who have difficulty reading find the tapes extremely helpful.

There is a second use for self-instruction materials. Many parents who attend group sessions of the program must miss a unit or two. By completing the self-instruction materials for the units they miss, parents can keep up with their group and return for the next session not having missed any information. This format can also be used by couples who alternate group sessions with self-instruction because they cannot both attend groups at the same time. This allows both parents to participate in a group--one, one time, the other the next.

A third use of self-instruction materials involves low education level parents completing self-instruction materials in small group sessions where counselors or trainers provide assistance and help participants to answer the questions or where each exercise is explained to the entire group. This technique can augment the tailored lecturette/slide presentation and take the place of team activities.

PROGRAM MATERIALS

A variety of training materials are utilized in the Parental Skills Program for Parents of Handicapped Children. These include 35-mm color slides, cassette-taped lecturettes, Leader's Guides, General Instruction Guides, Self-Instruction Workbooks, Textbooklets, and a Team Activity Booklet.

All training materials are listed below and their utilization in the three program formats is indicated:

<u>Training Materials</u>	<u>Cassette/Slide Format</u>	<u>Trainer Format</u>	<u>Self-Instruction Format</u>
35-mm color slides	X	X	-
Cassette Tapes	X	-	X
General Instruction Guide- Cassette/Slide Format	X	-	-
General Instruction Guide- Trainer Format	-	X	-
Instructions-Self-Instruction Format	-	-	X
Leader's Guides, Units 1-10 and A,B,C,D,E (15 booklets)	-	X	-
Team Activity Booklet	X	X	-

<u>Training Materials</u>	<u>Cassette/Slide Format</u>	<u>Trainer Format</u>	<u>Self-Instruction Format</u>
Self-Instruction Workbooks (Units 1-10, A, B, C, D, E - 15 workbooks)	-	-	X
Textbooklets - Units 1-10, A, B, C, D, E - 15 textbooklets	X	X	X

All of the above materials are reusable except for the self-instruction workbooks.

Following is a description of each of the materials listed above.

35-mm Slides

A total of 895 color 35-mm slides were developed for the program--an average of 51 slides for each of the ten basic units and between 72 and 74 slides for each of the specific handicap units. These slides are used in both group formats (Cassette/Slide or Trainer) serving to visually reinforce information presented via cassette taped lecturettes or presented by an instructor. A portion of the slides for each unit utilizes quality art either developed specifically for the program or selected from art previously developed by Interaction, Inc. The remainder of the slides contain key words which emphasize, structure and reinforce major points in the lectures.

As in any successful slide presentation, care was taken to keep the slides simple and straightforward. Because slides are used in conjunction with lecturettes, participants must look, read and listen simultaneously. Therefore, learning occurs best when slides visually reinforce exactly what is being said while the slide is showing. In this way participants are not required to read a slide which addresses itself to one

point while listening to a lecture which is making another point. The slides are used only to reinforce and expand meaning presented in the cassette taped lecturettes or lecture presented by the trainer. They do not attempt to present additional information.

The average length of the slide presentations is 18 minutes for the ten basic parenting units and 22 minutes for the specific handicap units. This length of presentation requires from 50 to 73 slides per unit. Any slide presentation longer than approximately 22 minutes loses impact, presents too much information, contains too much lecture per slide and ceases to be effective. This time frame constraint created a considerable restriction on the amount of information that could be included in each unit. It was a major factor considered in planning the content of each unit. The time constraint not only influenced the slide presentation, but the tapes, self-instruction workbooks and textbooklets as well since they each augment and expand the slide presentations.

Cassette Tapes

Cassette tapes are utilized in two formats of the program: the cassette/slide format for groups and the self-instruction format.

Cassette/Slide Format-Groups - There is a cassette taped lecturette for each unit in the program. These tapes are synchronized with the slides. They can be used on equipment designed to automatically advance slides, or slides can be advanced manually by listening to the "bleep" tones recorded on the tapes. Each tape for the

ten basic parenting units lasts approximately 15 to 18 minutes. The specific handicap unit tapes last from 18 to 22 minutes. Music is recorded at the beginning and end of each cassette. A woman's voice was used in recording the lecturettes which present basic concepts for each unit. The tapes are easy to understand.

Self-Instruction Format - The cassette tapes for self-instruction contain the same lecture used for the group version cassettes. The directions and instructions differ, and the self-instruction tapes do not contain the "bleep" tones. These tapes follow the text portion of the self-instruction workbooks and are used to reinforce learning auditorally. There are five cassettes for the ten basic parenting units, two units per cassette. Each specific handicap unit is on a different cassette.

General Information Guides

Three separate instruction booklets are provided, one for each format of the program. These booklets give directions for the implementation of the program.

General Information Guide - Cassette/Slide Format - This information guide briefly describes all units in the program, program materials, scheduling, timing, selecting participants, and the role of the training coordinator. A unit-by-unit, step-by-step procedure for program implementation is provided which includes how to conduct each team activity, feedback sessions for each activity, and a unit summary at the end of each unit.

General Information Guide - Trainer Format - This information guide is used with the 15 Leader's Guides provided for the Trainer Format of the program. The General Information Guide briefly describes all units in the program, program materials, scheduling, timing, selecting participants and the role of the training instructor.

Information Guide - Self-Instruction - This three page set of instructions provides all information necessary for a parent to complete all units in the program without outside assistance. The units and self-instruction materials are described, and five different procedures for completing self-instruction materials are given. These options allow parents to complete the program in a way which best suits their own learning style.

Leader's Guides

The format of the program which utilizes a training instructor (Trainer Format) requires that the instructor present the lecturettes for each unit. The scripts for each unit are provided in Leader's Guides. These scripts are keyed to the slides. Each portion of the script which is to be presented with a certain slide is printed below a display of the slide. This format is helpful to a training instructor in learning the script for each slide and modifying the scripts for a particular training group. For example, a training instructor may wish to add examples or illustrations if parents in a particular group have minimum education. It is also possible to easily translate the scripts into Spanish for Spanish speaking parents. The Leader's Guides also contain the procedure for conducting the team activities

for each unit. A copy of each team activity handout is provided along with specific instructions on the purpose of the activity, the major points to be made during feedback sessions, and the wrap-up for each unit.

Team Activity Booklet

The two group formats of the program have a number of participant activities, including discussion topics, case histories, demonstrations, and role playing exercises. There are two team activities for each unit; these serve a number of functions; stimulating participation, reinforcing major points of a unit, and expanding ideas presented in lecturettes. They also allow parents to add to the program's content by sharing experiences, ideas and feelings.

The Team Activity Booklet is reusable. It contains all information parents need to participate in each activity. These activities were combined into booklet form in order to simplify program implementation. The coordinator or trainer simply hands out the booklets at the beginning of each session and assigns the appropriate team activity by page number. At the end of the session the books are taken up and used for the next session, and for subsequent training groups.

Self-Instruction Workbooks

There is a self-instruction workbook for each unit in the program which is used by parents completing the program on an individual basis. These workbooks cover the same information covered in the cassette tape/slide presentation for each unit. They are styled so that information is presented in short, simple paragraphs which

have the major point or points summarized with key words to the left of each paragraph. Exercises which are completed by parents occur at frequent intervals throughout the workbooks. Some exercises contain multiple choice questions, some are matching exercises, some are fill-in-the-blank, and some are true-false. The correct answers are provided immediately beneath each exercise. The exercises relate specifically to information which has just been read in the few paragraphs preceding each exercise. The exercises reinforce learning, as do the correct answers provided with each exercise.

At the end of each of the first ten workbooks there are two exercises which contain case histories or which require participants to apply the information from the unit. These exercises serve a function similar to the participant activities in the group formats. Feedback is provided on how other parents have completed these activities so that parents can compare their answers with those of other parents.

In the self-instruction materials, information is presented orally via cassette tapes for parents who learn best by hearing or have difficulty reading, and visually via the printed paragraphs, key words and art for those who learn best by reading and seeing. Parents who learn best by a combination of hearing and reading, listen to the tapes while reading the materials. The pilot tests of the program dramatically pointed out the variety of parental cognitive styles and confirmed that self-instruction materials should be presented orally and visually as well as in a combination of the two to accommodate parents' various learning modes.

Texts

The same textbooklets are used for all formats of the program. There is a separately bound textbooklet for each unit in the program. These texts cover and expand the materials and information presented in the lecturette/slide presentations and in the self-instruction materials. They follow the same sequence as these other materials, but greatly expand and explain the various concepts and procedures. They are written at approximately the ninth grade level. They are not textbook-like, but rather are written in a style which has been described by parents as "conversational." The content of the texts is fully referenced and footnoted. The bibliography contains over 550 sources. Each text for the ten basic units is approximately 20 to 25 pages in length. The texts for the specific handicap units are approximately 45 to 50 pages each. They are bound separately for each unit because if bound in one book, the book would have been 450 pages or longer--an overwhelming reading task when presented to parents all at once. By printing the booklets with wide margins (not so much on a page) and binding by units, parents are not overwhelmed by each page or by a mere 20 page booklet as they might be by a book printed with narrow margins and 450 pages long. In addition, the wide margins, and binding in small booklets creates rewards for parents, as they easily complete a page and then an entire booklet.

B DETAIL - PROGRAM DEVELOPMENT

In developing the program the project staff worked with the following agencies in Houston, Texas which serve the handicapped: Lighthouse for the Blind, Texas State Commission for the Blind, Texas Rehabilitation Commission, Center for Multiple Handicaps, Houston Speech and Hearing, Houston School for Deaf Children, Texas Institute for Rehabilitation and Research, Harris County Mental Health and Mental Retardation, Easter Seal Center, Baytown Cerebral Palsy Center, Texas School for Deaf Children-Austin. These agencies' staffs were interviewed concerning experiences with handicapped children and their parents, and perceived needs concerning program content. In addition, these agencies provided the names of parents and handicapped young adults who were then contacted by the project staff for interviews.

These agency directors, counselor/social workers, parents and handicapped youth later served as reviewers of program content as the program was being developed.

Input Meetings

During year one a total of 89 persons attended input sessions whose purpose was to (1) pinpoint problem areas in families with a handicapped child, (2) isolate problems and needs which tend to occur regardless of the handicap group, (3) determine the level of sophistication, especially in parent skills, of the parents, (4) ascertain some of the features of successful and unsuccessful parental behavior, (5) test the appropriateness of the program areas outlined in the project proposal relating to parental styles, communication, motivation, stress, risk taking, games and family

interaction, (6) make alterations and additions to preliminary program ideas, and (7) obtain data for participant exercises for the training program.

The chart below displays the handicap areas from which input groups were drawn and the number of professionals, parents and handicapped youth from each area who were interviewed.

<u>Handicap</u>	INPUT GROUPS - BASIC PARENTING UNITS			
	<u>Professionals</u>	<u>Parents</u>		<u>Handicapped</u>
		<u>Mothers</u>	<u>Fathers</u>	
Blind	2	1	1	4
Speech	4	1	1	1
Hearing	5	6		3
<u>Physical Disabilities</u>				
Spinal Cord Injury	2	2	2	4
Cerebral Palsy	2	4		8
Poliomyelitis	1			1
Spina Bifida	1	1		
Cystic Fibrosis	1	4		2
Dwarfism				1
<u>Retardation</u>				
Educable	3	3	1	2
Trainable	3	3	2	
Multiple Handicapped	<u>4</u>	<u>3</u>	<u>—</u>	<u>—</u>
	28	28	7	26

PROFESSIONAL INPUT GROUPS

Ten separate input meetings were held with professionals working in the handicap areas shown in the above chart. Meetings were always scheduled at the convenience of the professionals, who often could not meet with the staff until after their regular working hours. Each meeting included at least two and not more than four professionals. Usually two project staff members attended each input meeting.

At each meeting a very brief orientation of the project and its proposed goals was given. It was explained that professional experiences and observations were being sought and that the insights gathered from the discussion would assist in development.

Each proposed module was then presented and explained in general terms. The staff used stimulus questions designed to foster discussion in each module area. For example, the area of "stress." Discussion continued so long as it applied to the needs of the project.

Each input discussion covered similar basic areas and as new observations emerged in one discussion group, they were probed in subsequent discussions with other professionals.

The information gained served as one of the sources for program content.

PARENT INPUT GROUPS

The agencies cooperating on the project provided names of parents for the parent input groups. Parent organizations also provided some names of parents wishing to participate.

The project staff then contacted these parents and set up the input meetings. Most parents willingly agreed to speak with the staff. However, those that were not open to involvement are necessarily missing from the sample. An effort was made to schedule at least three parents for each input session, although this was not

always possible. No more than four parents ever attended a meeting. Two project staff members usually attended these meetings which were recorded on cassette tapes.

It was generally easier to contact and schedule meetings with mothers, but because it was felt necessary to speak with fathers as well, special effort was made to schedule fathers. These meetings with fathers were held in the evening to accommodate their schedules. The staff spoke with two sets of parents in their homes, but all other meetings were attended by either mothers or fathers.

The general format for parent input groups began with an overview of the program and its goals. It was explained that the staff was interested in using the experiences and know-how the parents had acquired to make the program responsive to the needs of parents and handicapped children. The staff also expressed interest in exploring the styles of coping that each parent had developed for himself and in identifying areas which created unusual or severe problems. Parents were generally quite enthusiastic about the opportunities to discuss their situations. Most parents had prior experience discussing their own problems and were able to speak of their lives without becoming emotionally overloaded.

Utilizing the group guide developed prior to conducting discussions, the staff guided the session by stimulus questions relating to each of the module areas: parental styles, family interaction, communication, motivation, stress, game situations, family stage, and behavior skills. Parents were asked a stimulus question

and encouraged to discuss their own experiences related to the question. Each parent was encouraged to compare his/her own situation with those of other parents. The responses of the parents determined the extent to which each subject area was pursued, with new information brought up by parents being followed up by the staff. The staff member would utilize direct probes to refocus discussion on a given topic, to introduce a new topic or to expand on the topic presently under discussion. The two general goals of the input meetings were to explore new issues fully and to expand information developed in previous input sessions.

Information gathered in these meetings was utilized as one guide in structuring the training program content, format, and sophistication level. The parent interview sessions were from three to four hours in duration and each was recorded.

HANDICAPPED INPUT GROUPS

Handicapped input group meetings were held with young adults representing the various handicap areas shown in the chart (page 71). The handicapped individuals' names were provided by the agencies associated with the project. With a few exceptions, the handicapped individuals were not related to the parents seen in this project. The youths who met for a given session all had the same disability to one extent or another. Some youth knew each other, while others had never met. Four deaf youths provided information with the help of a translator. This was the only session in which a person other than staff and the input people were present.

The format of these input groups meetings was similar to that for the parent in input groups. The individuals were first briefed about the goals of the project. They were told that their conversations and experiences would help form the conceptual framework of the training modules. In addition, they were encouraged to describe those situations which they found to be difficult as well as experiences with their parents which they found beneficial. Stimulus questions were used in a similar way as used in the parent input meetings.

These youths were asked to discuss the kinds of behaviors used by their parents in different situations. They were asked about their parents' ways of dealing with their handicap. It was generally not as fruitful to ask the handicapped youth about their parents as it was to ask the parents about their own behavior. It appears that the youngsters had a difficult time generalizing about their parents' behavior, but were able to answer direct questions about particular issues. They were also generally able to discuss situations which they found difficult, but appeared unable to correlate the problem with certain parental behaviors. For instance, an individual would report remembering that he often wanted to do things, but couldn't; however, he would not be able to say his parents were necessarily overly protective. If, however, the staff asked to what degree a parent sheltered him, the person could give an answer. Answers tended therefore to be fairly specific. The staff representative needed to ask about a number of similar situations before it was possible to generalize about a parent's method of interaction with the child. A few individuals did have considerable insights into their family life.

These meetings were also recorded and transcribed and lasted from 2 1/2 to 4 hours.

The professionals, parents, and handicapped youth attending the input groups expressed approval of the training program and the areas proposed to be covered. All agreed about the need for such a program, and valuable information was obtained from these groups which assisted the staff in program development.

The procedure of providing an honorarium to professionals (\$25/4 hours), parents and handicapped youth (\$3/hour) was very helpful in terms of defining the input groups as task oriented, work groups. Cooperation and genuine attempts at contribution were enhanced by this procedure.

During Year II, additional parents and 22 professional were interviewed in order to determine the content of the specific handicap units. Parents who had previously participated in the pilot tests of the ten basic units were interviewed concerning what should be included in the specific units. The same information was solicited from professionals in each handicap area. After conducting interviews with all the parents who had children with hearing impairments, it became obvious that parents were not extremely helpful in terms of content for the specific handicap units. Thereafter, interviews were limited to professionals in each area who later reviewed each unit's proposed slide presentation and script and offered suggestions. In addition, parents in each handicap area reviewed the content of the various units for clarity and appropriateness. Parents and professionals read

the texts in draft form and offered suggestions for changes as was done for all materials in the first ten units.

LITERATURE AND PROGRAM REVIEW

An extensive literature and program review was carried out prior to finalizing the content of the ten basic parenting units and prior to development of the five specific handicap units.

Computer literature abstracts were ordered from ERIC, MEDLINE, and Psychological Abstracts. These abstracts were reviewed by staff members and articles, books and research which seemed to warrant investigation were obtained. As the staff reviewed the literature, additional sources or relevant data were obtained and reviewed by the staff.

Over 1,000 articles, books, programs, etc. were reviewed. The final bibliography for the program includes approximately 500 references. Cited references appear in the text booklets. Reference lists from all the texts are combined, together with a list of additional readings in a separately bound bibliography included in the program materials. (See Appendix)

Contacts were made by letter to the Superintendents of Education in all states and each was provided with an overview of the project. The letter requested the names of the person or persons in each state knowledgeable concerning ongoing training for parents of handicapped. Responses were received from most states and were followed up. When programs or materials seemed relevant, they were requested

and reviewed by the staff. In addition, contacts were made with national organizations representing the various handicaps, and with universities and agencies when it was learned that their research or program might be applicable to this project.

The purpose of the literature and program reviews was to verify the appropriateness of the originally proposed units in the program and to develop data upon which the exact content of the units would be based.

As the literature and program review progressed, it became apparent that the unit on motivation as originally conceived was not appropriate. Therefore, an entirely different approach was taken in the unit on motivation than had originally been proposed. The basic conceptualization for the units on Parental Scripts, Communication, Stress, Games, and Risk Taking were more than adequately substantiated by both the literature, research, and interviews.

The units on Family Stage, Activator Parent, and Family Balance were based exclusively on the literature review and input interviews, as was the unit on Motivation. The content of the other basic parenting units were adapted to parents of handicapped children based on both the input interviews and the literature review. The content of the specific handicap units was based exclusively on input interviews and literature reviews.

MATERIAL DEVELOPMENT

As the staff began to conceptualize the materials for the program, it soon became apparent that the slide presentations would need to be longer than originally planned in the project contract. While the contract called for approximately 30 slides per unit for the first 10 units, an average of 50 slides per unit was required to adequately present the necessary information. This increase from 30 to 50 slides increased the artwork, slide lay out, photography and script writing proportionally. The self-instruction workbooks which present the same information as the slide presentations also increased in length. The texts were necessarily longer. The specific handicap units are also more lengthy than called for in the contract. Rather than 50 slides per unit, these units average 70 slides with all materials being necessarily longer than planned. These increases in length required longer leader's guides and longer general instruction guides. The program materials are, therefore, considerably longer than outlined in the proposal and were developed without an increase in staff or budget. This increase did result in a staff who worked many long hours, weekends, and with great dedication to develop a program as it should be developed.

An orderly sequence for developing program materials was followed by the staff as they created materials for the ten basic parenting units during Year I and the five specific handicap units during Year II.

Based on input group data and the literature and program review, the following sequence was followed:

1. Conceptualize the content for each slide presentation working within a time frame of 18 to 22 minutes per presentation.

2. Develop the sequence of the slide presentation.
3. Develop wording for each slide and conceptualize art needed for art slides.
4. Review content with program consultants, professionals.
5. Assign art to artist.
6. Write scripts keyed to each slide for each unit.
7. Have program consultants and professionals review scripts.
8. Develop self-instruction workbooks for each unit.
9. Write texts for each unit.
10. Have program consultants, professionals, and parents review each text.
11. Develop participant activities for each unit.
12. Develop information guides for each format.
13. Develop Leader's Guides for Trainer Format.
14. Modify scripts to fit self-instruction workbooks for self-instruction tapes.
15. Lay out slides and photographs.
16. Record cassette tapes.
17. Print materials for pilot tests.
18. Revise materials after pilot tests.
19. Type materials on composer.
20. Lay out materials.

Slide Presentations

The slide presentations are the foundation of the program. All other materials expand and reinforce these slide presentations, or in the case of the self-instruction workbooks, present the same information in another form. Consequently, the slide

presentations were developed first. Developing the slide presentations involved determining the general content to be covered in each unit, developing the sequence in which the content was to be presented, conceptualizing the wording for each slide and the layout and artwork required. (Some of the artwork was developed specifically for the program. But much was art previously developed by Interaction, Inc. Much more artwork previously developed by Interaction, Inc. was utilized than called for in the contract due to increased length of each slide presentation. However, there was no additional charge for the additional artwork above the agreed upon contract amount.)

After the slide presentations were conceptualized, project consultants reviewed the content and sequence. The scripts were then written and the artwork assigned to the artist. The consultants then reviewed the scripts. The final script/slide presentation was also reviewed by selected professionals who had been in the input groups.

The slide presentations were developed in numerical sequence beginning with Unit 2, Family Stage and progressing through Unit 10, Family Balance, with Unit 1, Introduction, being the last one developed during Year I. This was because Unit 1 contains an overview of all the units and could not be developed until the units had been decided upon. In Year II, the first unit developed was Hearing Impaired, then the unit on Physically Disabled, Blind, Mentally Retarded and finally Speech were developed. The same procedure was followed during Year II as during Year I.

Team Activities

After the slide presentations, the team activities for each unit were developed. These were often based on information and illustrations from the input meetings with parents. They reinforce and illustrate major points for each unit. A variety of different types of participation activities were utilized to add variety for participants who tire of the same types of activities. Two activities were developed for each unit. Handout materials for participants were written and are bound together in a Team Activity Booklet.

Self-Instruction Workbooks

Self-instruction workbooks were the next materials developed. The self-instruction workbooks and cassette tapes present the same information as the slide presentations/cassette tapes. This makes the materials interchangeable. The procedure for the self-instruction workbooks was to take the scripts for the slide presentations, join them into short paragraphs and develop a key word or words for each paragraph which is displayed to the right of the paragraph. An exercise was developed for each general concept in each unit. These exercises appear at the end of each series of paragraphs which cover the concept. Their purpose is to reinforce learning and to allow parents to think through and write the answer. They are simple multiple choice, matching or true and false exercises. Others are fill-in-the-blank. Correct answers are provided immediately after each exercise to (1) reinforce learning again, and (2) allow parents to immediately determine if their answers are correct. At the end of the first ten workbooks an exercise which

usually is similar to the two team activities developed for the group version of the unit was written. These exercises allow parents to gain some information generated in the groups by comparing their answers with answers actually generated in group discussions.

Texts

Texts were written for each unit. Drafts were reviewed by all project staff, the project consultants, several professionals, and by several parents and handicapped youth from the input groups. In writing the texts, the general outline and sequence of information presented in the slide presentations and workbooks was followed. The texts expand, explain in detail and give illustrations and examples relating to the ideas and concepts presented in the slide presentations and workbooks. They were bound separately because together they would exceed over 450 pages and would be overwhelming to parents. A booklet of 20 to 40 pages is not such a task and parents can complete them in a short time.

General Instruction Guides

A general instruction guide was then written for each format of the program. These guides provide an overview of the program and present information on how to implement the program. This required writing a description of the part both a coordinator and trainer must play in implementing the program, writing a detailed description of the scheduling and timing options, the type of parents for which the different versions are suitable, etc. It also involved writing a step-by-step procedure for each unit, including how to implement each team activity, how to

conduct each feedback session and the unit summary. For the self-instruction the various options for completing the program were written.

Leader's Guides

Finally the Leader's Guides for the Trainer Format were developed. These present the script for each unit keyed to each slide. The wording for each slide is shown under which the script is written. At the end of the Leader's Guides, a copy of the handout for the team activities and a write-up of how to conduct each is provided along with the unit summary statement.

Finally the slides were laid out and photographed. The cassette tapes were recorded and checked. Some slides had to be reshot as is the case in developing all slide presentations. The layout on some slides didn't work out. Sometimes words were misspelled. The tapes had errors which had to be corrected. This required carefully listening to each tape following the script, checking each slide/sync tone to insure that the slides advanced at the appropriate time, etc.

After the pilot tests, some program revisions were required. These were actually minor. Some wording on some slides was changed. Some artwork was not used and new art had to be utilized. Some team activities didn't work out well and had to be rewritten. Some wording in the texts was changed, and the texts were edited to insure that they read easily.

Finally the materials were typed on a "composer" and were laid out by the staff. Because there were insufficient funds to allow for professionals to lay out the materials, some of the staff members learned how and did this work. It had not

been planned that the materials would be done on the composer and made ready for distribution. However, there were sufficient funds left in the Year I budget and a request was made to allow these monies to be used for making the materials ready for distribution. This was only accomplished by the staff devoting many extra hours of work to the project.

In terms of laying out the self-instruction workbooks, some illustrations were utilized. This was accomplished by reducing the sketches for the art used in the program because no monies were available for illustrations. In addition, only Velox negatives of these sketches could be made due to budget limitations. Had other monies been available, half-tone shots could have been made which would have been of superior quality.

C PILOT TEST DATA

Table 1 shows the demographic characteristics of the participants in the pilot tests of the Parental Skills Program for Parents of Handicapped Children conducted in 1975 for the ten basic units and in 1976 for the five specific handicap units. It will be noted that this group tends to be more education, and to have higher family income than the general population. The actual evaluation sample is much more representative of the general population.

In obtaining the sample for the pilot tests, it was interesting to find that agencies who were asked to provide names usually gave the names of parents who were very involved with handicap groups, or very active in the community on behalf of handicapped. Therefore, many of the parents were actually very well informed, and thought to be able critics and evaluators of the program. There were, of course, other parents who were not active in such groups, who did not have such high incomes, or high education in the sample.

Data from the three pilot groups on the evaluation questionnaire are shown in Table 2. Substantial changes occurred on each unit in each format. Inasmuch as every subject had a change score in the positive direction, it can be concluded at the .001 level of confidence that a significant difference exists between pre and post-test scores for each unit in each format.

Examination of the column means (total scores across units) reveals only a negligible difference among formats on the post-test scores. This observation, coupled

TABLE 1

PILOT TESTS UNITS
2-10

CHARACTERISTICS OF PARENT PARTICIPANTS AND THEIR CHILDREN:PERCENT
OF SUBJECTS WITH EACH CHARACTERISTIC FOR EACH
PILOT GROUP

CHARACTERISTICS OF PARENTS		TRAINER FORMAT	CASSETTE/SLIDE FORMAT	SELF- INSTRUCTION	ALL FORMATS
AGE:	20-29	17%	36%	33%	30%
	30-39	59	32	46	30
	40 or above	12	32	21	23
	No Answer	12	-	-	2
SEX:	Male	29	46	42	41
	Female	71	54	58	59
RACE:	White	94	93	92	93
	Black	-	-	-	-
	Mexican-American	-	7	8	6
	No Answer	6	-	-	1
MARITAL STATUS:	Single	-	-	-	-
	Married	100	100	96	99
	Divorced	-	-	4	1
EDUCA- TION:	Grade School	-	-	4	1
	High School	35	25	13	23
	Some College	41	39	29	36
	College Graduate	12	18	29	20
	Some Graduate Work	-	7	8	6
	Graduate Degree	12	11	17	13
OCCUPA- TION:	Blue Collar	6	7	8	7
	Clerical	6	-	4	3
	Supervisory	17	4	4	7
	Professional	17	46	33	35
	Housewife	48	39	30	38
	Student	-	4	13	6
	Other	-	-	8	3
	No Answer	6	-	-	1

TABLE 1 (continued)

<u>CHARACTERISTICS OF PARENTS</u>		<u>TRAINER FORMAT</u>	<u>CASSETTE/SLIDE FORMAT</u>	<u>SELF- INSTRUCTION</u>	<u>ALL FORMATS</u>
FAMILY INCOME:					
	\$0 - \$9,999	-	6	20	9
	\$10,000 - 14,000	17	19	13	16
	\$15,000 - 19,999	33	12	13	19
	\$20,000 - and above	50	63	47	54
	No Answer	-	-	1	2
HANDICAP OF CHILD:					
	Physical	67	12	23	30
	Visually Impaired	8	18	23	17
	Mentally Retarded	-	28	18	21
	Multiple Handicap	8	18	12	11
	Speech Impaired	-	-	6	2
	Hearing Impaired	-	24	18	15
	No Answer	17	-	-	4
AGE OF HANDICAPPED CHILD:					
	2 - 4	43	29	28	33
	5 - 8	33	35	24	30
	9 - 12	8	12	24	15
	13 - 16	8	12	12	11
	17 - 20	-	12	12	9
	No Answer	8	-	-	2

TABLE 2

MEAN PRE-TEST, POST-TEST, AND CHANGE SCORES OF PILOT GROUPS OF THE PROGRAM EVALUATION QUESTIONNAIRE
FOR EACH OF NINE PROGRAM UNITS IN EACH OF THE THREE FORMATS

No. of Test Items	Pro- gram Unit	Format I				Format II				Format III				Total-All Formats			
		N	% Correct		% Change	N	% Correct		% Change	N	% Correct		% Change	N	% Correct		% Change
			Pre	Post			Pre	Post			Pre	Post			Pre	Post	
8	2	11	72.35	91.70	19.35	22	72.15	93.71	21.56	19	69.73	96.68	26.95	52	71.41	94.03	22.62
11	3	11	65.73	80.50	14.78	22	63.18	85.71	22.53	17	65.54	95.68	30.14	50	64.81	87.30	22.49
11	4	11	71.58	84.29	12.71	23	66.93	85.77	18.88	19	71.15	94.25	23.10	53	69.89	88.10	18.21
11	5	11	75.07	90.78	15.71	23	80.23	92.09	11.86	18	79.79	93.93	14.14	52	78.36	92.27	13.91
11	6	9	53.92	84.84	30.92	24	60.68	86.36	25.68	19	61.72	85.16	23.44	52	58.77	85.45	26.68
10	7	9	74.44	90.00	15.56	24	66.37	86.66	20.29	19	66.48	94.08	27.60	52	69.10	90.25	21.15
9	8	10	74.11	88.89	14.78	22	72.08	81.72	9.64	19	67.25	82.03	14.78	51	71.15	84.21	13.06
13	9	10	57.39	87.68	30.29	23	56.90	87.29	30.39	18	59.91	91.45	31.54	51	58.07	88.81	30.74
4	10	8	62.49	96.86	34.37	16	71.87	89.06	17.19	18	79.16	91.54	12.38	42	71.17	92.49	21.32
88	Total		67.45	88.39	20.94		67.15	87.47	20.32		68.11	91.43	23.32		68.08	89.21	21.13

Format I - Trainer Format

Format II- Cassette/Slide Format

Format III-Self-Instruction Format

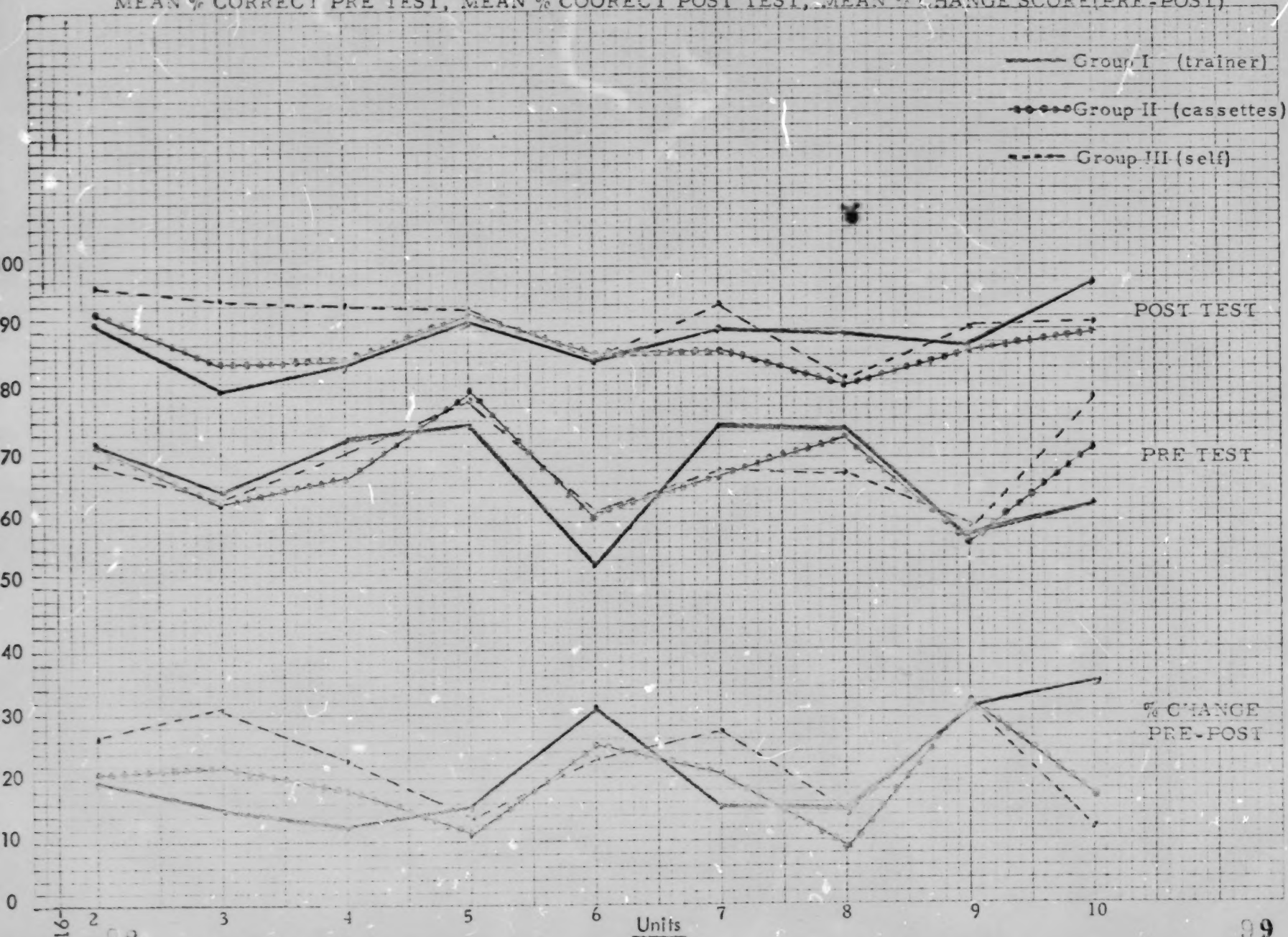
with the fact that the three groups of subjects started with virtually identical scores on the pre-test, indicates that the three program formats do not differ in the amount of learning they produce. This inference is confirmed by a Kruskal-Wallis one-way analysis of variance applied to pre-test and change scores to assess differences among program formats (see Table 3). Because of the finding of no difference among formats, it was possible to combine data from all three groups of subjects, providing an N of 54 in all subsequent analyses.

Data from Table 2 are presented graphically in Figure 1 for easier visualization. It will be noted that pre and post-test levels of performances across units are roughly parallel. That is, units with higher pre-test scores had higher post-test scores. It can also be seen that those units with higher pre-test scores showed lower change scores. This finding is reasonable since with a high pre-test score there is obviously less room for change. Thus it can be seen that the level of post-test score (and magnitude of the change score) are determined to a great extent by the level of the pre-test score.

The degree of this relationship is revealed in a rank order correlation coefficient of $-.816$ between pre-test and change scores. Most of the variance in change scores, therefore, is accounted for by differences in pre-score values. This suggests that the test might be used to identify those individuals for whom the program may be profitable. That is, those who score low on the instrument should

FIGURE 1

MEAN % CORRECT PRE TEST, MEAN % COORECT POST TEST, MEAN % CHANGE SCORE(PRE-POST)



find considerable new and helpful information in the program's content. Those who score high, while enjoying and benefiting from the program, will acquire less new testable information.

The median pre-test and median change scores were analyzed statistically for their effects on a number of variables characterizing the pilot sample. These variables, shown in Tables 3 and 4, include the type of training format, certain demographic data on the parent participants and their handicapped children, and the presence or absence of previous training related to child rearing and/or handicap. Table 3 shows the median pre-post change for parents in the various categories.

The Kruskal-Wallis one-way analysis of variance or the Mann-Whitney U-test was used to determine whether the variables pertaining to individual differences had a statistically significant effect on both pre-test and change scores. For those variables having two categories (e.g., sex) the U-test was employed. For those variables having more than two categories (e.g., age) the Kruskal-Wallis was first applied, and when a significant difference was found, the U-test was then used with all combinations of pairs of categories within the variables. Results of these analyses are shown in Table 3.

In this table, it will be noted that the level of performance on the test instrument is influenced significantly by the subject's education level. Reference to Table 3 shows, as would be expected, that subjects with less education made lower scores on the pre-test, and showed more change (improvement) than did those with higher

TABLE 3

MEDIAN PRE-TEST SCORES AND MEDIAN PRE-POST CHANGE FOR PARENTS IN
THE PILOT STUDY, GROUPED ACCORDING TO SELECTED VARIABLES

Variable	N	Median Pre-test Score (% Correct)	Median Pre-post Change (difference)
Program Format			
I (trained instructor)	11	73.74	17.01
II (cassette tape/slide)	24	69.09	16.13
III (self-instruction)	19	74.69	19.53
Age of Parent			
20-29	15	64.50	21.75
30-39	23	75.64	16.29
40+	15	68.74	19.03
Sex of Parent			
M	21	65.69	22.24
F	33	75.32	16.36
Education of Parent			
High School or less	11	56.73	31.11
Some college	33	74.69	19.03
College Graduate	10	79.51	13.78
Age of Child			
0-3	10	62.32	31.08
4-5	10	65.52	21.82
6-10	19	79.51	14.12
10+	14	65.39	24.57
Child's Type of Handicap			
Physical	13	75.90	15.47
Blind	10	62.32	26.43
Deaf	9	74.69	23.18
Retarded	12	72.03	20.63
Multiple	9	65.69	16.36
Previous Parent Training	Yes/No		
Training in specific handicap	Yes	28	76.32
	No	24	64.98
Early Childhood Education	Yes	13	79.51
	No	39	68.74
Counseling	Yes	30	75.48
	No	22	66.41
Other training	Yes	31	74.77
	No	21	64.50

education. The greater pre-post increment is made possible, of course, by the fact that these individuals had more room for change. It is encouraging to find, however, that this improvement did indeed occur. This suggests that the program is very appropriate for parents with an education level of high school or less. These parents demonstrate the greater need for training in their lower pre-test score and their greater benefit from training in the magnitude of their pre-post improvement.

Another expected finding is the relationship between previous parent training and the parents' performance on test scores. Table 4 shows that the relationship is significant with respect to all types of training. Inspection of Table 2 reveals that those without training scored lower on the pre-test and achieved a greater pre-post change. This result is similar to that noted above with regard to education.

Age of the handicapped child is a third variable which proved to be significantly related to the parents test performance. Reference again to Table 2 reveals that it was the parents with children in the 6-10 age group who scored significantly higher on the pre-test (and conversely, significantly lower on the amount of improvement). This unforeseen finding is presumably due to the fact that a disproportionately large percentage of higher education subjects fell into the category of parents with children in the 6-10 age group.

TABLE 4

RELATIONSHIP BETWEEN SELECTED VARIABLES AND TEST SCORES
FOR THE TOTAL GROUP OF PARENTS IN THE PILOT STUDY

Variable	Test Score	N	Kruskal-Wallis H-score	Mann- Whitney Z-score	P
Program Format	p ^a	54	1.057		< .70
	C ^b	54	0.551		< .80
Age of Parent	P	53	3.335		< .20
	C	53	3.641		< .20
Sex of Parent	P	54	1.609	1.26	.208
	C	54	1.520	-1.23	.219
Education of Parent	P	54	8.373		< .02**
	C	54	5.771		< .10*
Child's Type of Handicap	P	53	3.483		< .50
	C	53	6.426		< .20
Child's Age	P	53	14.167		< .01**
	C	53	14.304		< .01**
Previous Parent Training					
Specific Handicap	P	52	5.826	2.41	.016**
	C	52	4.302	-2.07	.038**
Early Childhood Education	P	52	4.030	2.00	.046**
	C	52	3.039	-1.74	.082*
Counseling	P	52	3.096	1.75	.080*
	C	52	2.537	-1.59	.112
Other Training	P	52	3.871	1.96	.050**
	C	52	2.943	-1.71	.087*

a: pre-test score; b: change (pre-post) ** significant at .05 l.o.c. or below

* approaching significance (.05-.10)

PILOT TESTS - SPECIFIC HANDICAP UNITS

Because the specific handicap units expand the information presented in the first ten units of the program, only parents who participated in the original pilot tests of the first ten units could adequately pilot test the specific handicap units. A year's time elapsed between the two pilot tests, and not all parents who first participated were available for the second set of pilot tests. This created unusually small numbers for the pilot test of these five units since only parents whose child had the specific handicap could participate in a specific unit while all parents participated in the first ten.

The pilot tests of these specific handicap units was completed during the second week of April, 1976. The cassette/slide format of the Physically Handicapped Unit was piloted with the group of parents at the Baytown Cerebral Palsy Center in Baytown; the other units were conducted at the Houston School for Deaf Children. The self-instruction materials were given to parents who met to pick up materials and who had one week to complete the unit concerning their child's handicap.

The evaluation questionnaire for each unit was completed prior to training and after completion of the unit by all parents. The small sample per unit made statistical analysis inappropriate, however pre-post changes were similar to those of the first ten units.

The following numbers of parents participated in the pilot tests of the specific handicap units.

	<u>Cassette/Slide</u>	<u>Self-Instruction</u>
Physically Handicapped	7	4
Mentally Retarded	5	3
Hearing Impaired	5	3
Visually Impaired	5	2
Speech Impaired		2
	22	14

D EVALUATION DATA

The formal evaluation of the Parental Skills Program for Parents of Handicapped Children was conducted during May and June 1976. The Cassette/Slide Format, the Self-Instruction Format with cassette tapes, and the Self-Instruction Format without cassette tapes were evaluated. As explained in the formal portion of this report, it was not possible to evaluate the Trainer Format of the program because no suitable parent group was available under the procedure followed in selecting the sample.

THE DATA

Information describing the parent trainees is included in Table 5. It will be noted that Format I (the group format) had a somewhat higher proportion of older subjects than did the two self-instruction formats; all formats had a large majority of women; all three major ethnic groups in Houston were represented in proportions not far different from their proportions in the population; almost half the subjects had some college work, while a slightly smaller number had a high school education or less; over half the subjects were housewives; there was a fairly even distribution in terms of family income level, with about half the subjects below and half above a family income of \$15,000; and a significant number of subjects had some kind of previous parent training. The handicapped children of these parents were distributed over a wide range; there were considerably more boys than girls among these children; all five handicaps were represented but unequally;

Table 5

Characteristics of Parents Who Began the Program and Those Who
Met the Criterion for Program Completion

Characteristic	Began Program N=146	Completed Program			
		Format I N=53	Format II N=19	Format III N=23	All Formats N=95
Age					
Below 20	2	—	—	—	—
20-29	28	5	6	7	18
30-39	72	24	8	13	45
40 or above	44	24	5	3	32
Sex					
Male	32	11	4	2	17
Female	114	42	15	21	78
Race					
White	94	35	13	18	66
Black	34	10	5	5	20
Mexican-American	16	7	1	—	8
Other	1	—	—	—	—
Marital Status					
Single	3	—	—	2	2
Married	121	45	19	19	83
Widowed	3	1	—	—	1
Divorced	11	2	—	2	4
Separated	7	4	—	—	4
Education					
High school or less	72	23	8	14	45
College degree or some college	62	26	9	6	41
Graduate degree or some graduate work	10	3	2	3	8

Table 5 (Cont'd.)

Characteristic	Began Program N=146	Completed Program			
		Format I N=53	Format II N=19	Format III N=23	All Formats N=95
Occupation					
Unskilled	4	1	-	1	2
Blue Collar	10	2	1	-	3
Clerical or sales	18	7	2	4	13
Supervisory	11	5	-	2	7
Professional	24	5	6	1	12
Housewife	70	27	9	15	51
Student	2	-	1	-	1
Other	5	4	-	-	4
Family income					
Below 10,000	29	9	2	6	17
10,000-14,999	39	15	3	8	26
15,000-19,999	31	7	4	6	17
20,000 or above	38	19	8	2	29
Previous training or counseling					
Instruction in specific handicap	52	22	7	7	36
Instruction in early education or infant stimulation	36	9	5	8	22
Behavior Modification	30	9	4	8	21
General parent training	64	20	13	14	47
Counseling related to child's handicap	59	23	11	8	42
Age of handicapped child					
0-5 years	43	13	6	12	31
6-9 years	30	9	7	6	22
10-14 years	34	15	2	6	23
over 15 years	13	7	1	1	9

Characteristic	Began Program N=146	Completed Program			
		Format I N=53	Format II N=19	Format III N=23	All Formats N=95
Sex of handicapped child					
Male	70	23	7	18	48
Female	44	19	7	7	33
Predominant handicap of child					
Physical	25	9	6	3	18
Retarded	46	25	3	8	36
Blind	5	-	1	-	1
Speech	18	1	4	7	12
Deaf	25	10	1	7	18
Age of child when parents learned of handicap					
at birth	22	11	3	1	15
1 to 5 months	15	2	2	4	8
6 months to 1 year	27	16	3	4	23
2 to 4 years	44	10	6	14	30
5 to 10 years	6	2	1	2	5
over 10 years	-	-	-	-	-

Note: Because of occasional gaps in data, total subjects under a given category may be less than N for the column.

Format I - Group

Format II - Self-Instruction with tapes

Format III - Self-Instruction without tapes

and the children's ages when parents first became aware of the handicap varied considerably ranging generally from birth to four years.

Results on the evaluation questionnaires are shown in Table 6, which presents mean scores (percent of items correct) on each unit obtained from each training group before and after training. Also included is the $\bar{d}$ score which is the difference between pre and post values. The $\bar{d}$ score is thus the measure of learning or amount of information acquired through training.

Pre-to-post improvement (positive $\bar{d}$ score) occurred for each unit in each format. A test was made to see whether these changes were statistically significant. The Wilcoxon matched-pairs signed-ranks test determined whether a significant number of individuals within each of the unit/format combinations showed pre-to-post improvement. The significance of change was confirmed in all but one instance. Five out of 18 subjects had either no change or decreased scores on Unit 8 under Format II, a finding for which there was no apparent explanation. With this single exception it can be assumed in the light of statistical evidence that learning occurred on each unit in each format.

The next question considered was whether there was a difference between formats in score values on the basic units. The Kruskal-Wallis one-way analysis of variance indicated no differences among the program formats for either pretest or $\bar{d}$ scores (see Table 8). Because of this finding, it was possible to combine data

Table 6

Mean Pretest, Posttest, and Difference (d) Scores of
Training Groups on Program Units

Unit	Format I				Format II				Format III				All Formats			
	Mean				Mean				Mean				Mean			
	% Correct				% Correct				% Correct				% Correct			
	N	Pre	Post	d	N	Pre	Post	d	N	Pre	Post	d	N	Pre	Post	d
2	52	55	80	25	19	65	94	29	23	69	91	22	94	61	86	25
3	53	50	72	22	19	59	85	26	23	56	79	23	95	53	76	23
4	53	54	66	12	19	59	83	24	22	59	79	20	94	56	72	16
5	53	62	76	14	19	69	89	20	23	64	83	19	95	64	80	16
6	49	52	78	26	19	60	86	26	23	58	80	22	91	55	80	25
7	50	40	72	32	18	48	84	36	22	41	77	36	90	42	76	34
8	52	50	75	25	18	63	74	11	23	58	73	15	93	54	74	20
9	52	50	80	30	19	67	87	20	22	59	83	24	93	56	82	26
10	50	<u>56</u>	<u>77</u>	<u>21</u>	19	<u>60</u>	<u>83</u>	<u>23</u>	22	<u>57</u>	<u>76</u>	<u>19</u>	91	<u>57</u>	<u>78</u>	<u>21</u>
Mean		52	75	23		61	85	24		58	80	22		55	78	23
A	12	46	63	17	7	46	81	35	3	38	48	10	22	45	66	21
B	25	36	73	37	4	39	63	24	5	28	90	62	34	36	75	39
C	-	-	-	-	1	33	99	66	-	-	-	-	1	33	99	66
D	-	-	-	-	5	40	89	49	8	51	92	41	13	47	91	44
E	9	40	68	28	2	78	82	4	4	52	75	23	15	49	72	23

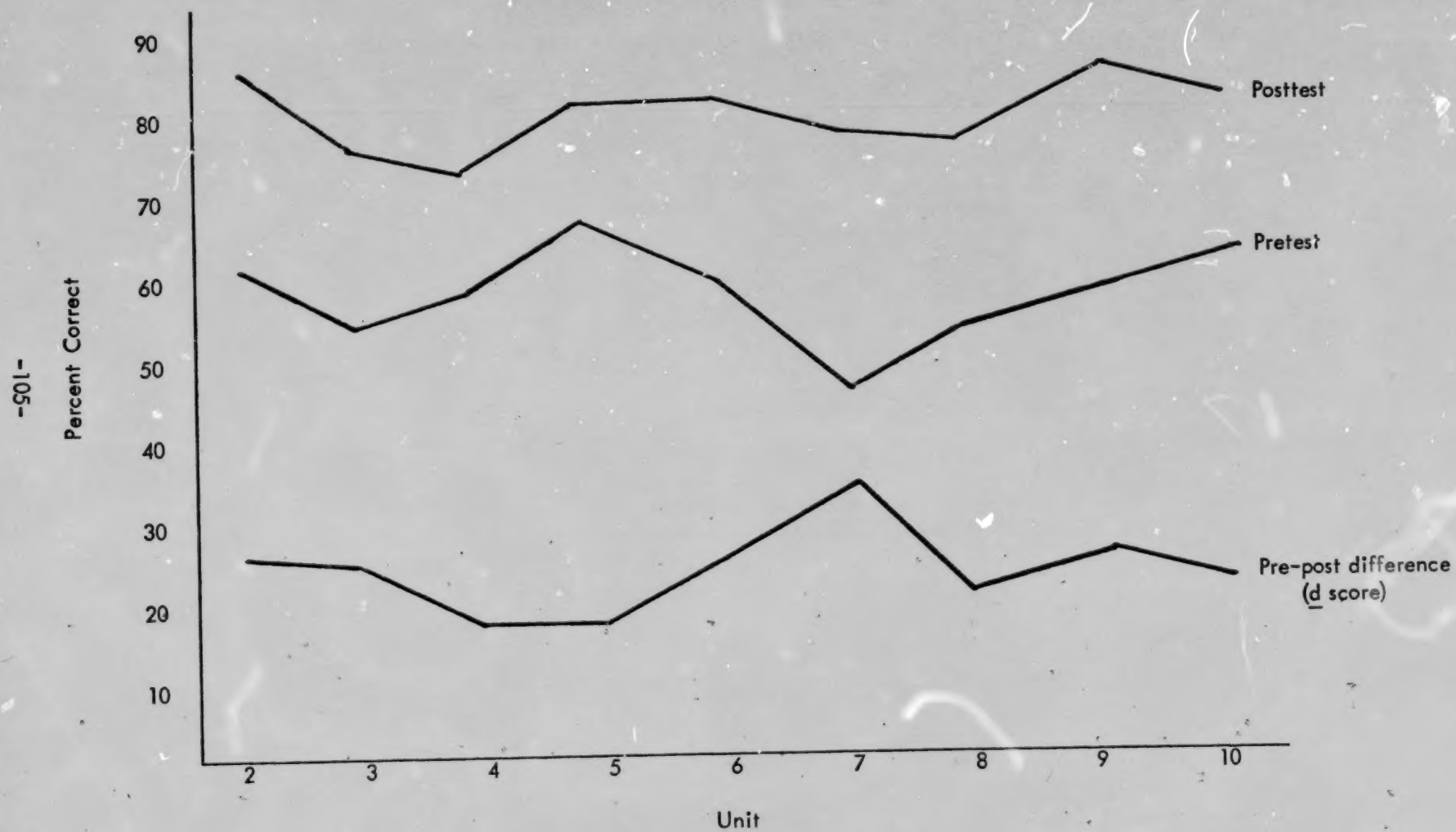
from the three formats into a single distribution for each of the basic units, providing an N of 90 to 94 for each unit. The combined data from all formats, shown in Table 6, were used for all subsequent analyses.

Data from Table 6 for the combined formats are presented graphically in Figure 2 for easier visualization. Note that pre- and post-test levels of performance across the units are roughly parallel. That is, units with higher pre-test scores had higher post-test scores. It can also be seen that there is an inverse relationship between pre-test level and d score. This relationship would obviously exist because a high pretest score, signifying a relatively high degree of knowledge prior to training, leaves less room for change (learning) than does a lower score on the pre-test. Thus it follows that the level of both the posttest score and the d score are determined to a great extent by the level of the pre-test score.

Differences in level of scores between the individual units will be noted upon inspection of the data for the combined formats in Table 6 and Figure 2. Pre-test scores range from 42 on Unit 7 (Stress) to 64 for Unit 5 (Motivation), suggesting comparatively greater knowledge about the latter topic prior to training. Even the higher score on the Motivation unit, however, still leaves considerable room for learning. Except for these two units, pre-test scores are grouped closely around an average of 55 percent correct responses. Post-test values have a narrower distribution, ranging from 72 to 86 percent correct

Figure 2

Mean Pretest, Posttest and Difference Scores
for the Total Group



responses on the various units, with a mean of 78. The d score, or measure of information acquired through learning, shows a mean of 23 percentage points gained. Three units deviate considerably from the mean. A large gain is noted for Unit 7 (Stress), and this is due to the pre-test score having been the lowest of any unit, as mentioned above. Gains of 16 points occurred on Unit 4 (Activator Parent) and Unit 5 (Motivation). For Unit 5, this results from the unit having had the highest pre-test score, as already noted. The figures suggest that the theoretical nature of Unit 4 may have been more difficult, inasmuch as it had the lowest post-test and lowest d score.

Observations regarding the specific handicap units are somewhat limited, due to the small number of subjects. Sample size becomes especially critical if one looks at the separate format groups; and in fact it eliminates any possibility for comparing the effects of program format in these units. It seems reasonable to assume a likelihood of no format effect, judging from the findings with regard to the basic units, but this hypothesis was not tested. Even though no statistical analyses were made on these data, it is probably safe to assume on the basis of data for the combined formats that learning the specific handicap units did occur. No conclusion can be drawn about Unit C (Visually Impaired), since only one subject met completion criteria, but very substantial d scores will be noted for each of the others.

The distributions of pre-test and d scores over the basic units for the total group were examined to determine whether test scores were influenced by any of a

Table 7

Median Pretest Scores and Median Pre-post Difference (d) Scores on
the Basic Units for Parents Categorized on Independent Variables

Variable	N	Pretest (% correct)	<u>d</u>
Program Format			
I	53	54	24
II	19	61	25
III	23	59	23
Age			
20-29	18	49	24
30-39	45	60	23
40 or above	32	56	24
Sex			
Male	17	57	24
Female	78	56	23
Race			
White	66	62	24
Black	20	44	25
Mexican-American	8	40	28
Education			
High school or less	45	47	24
Undergraduate work	41	63	23
Graduate work	8	72	19
Occupation			
Professional and supervisory	19	63	24
Clerical and sales	13	59	21
Housewife	51	55	24
Other	10	46	25
Family Income			
Below 10,000	17	44	25
10,000-14,999	26	48	24
15,000-19,999	17	68	17
20,000 or above	29	63	23

Table 7 (Cont'd.)

Variable		N	Pretest (% correct)	<u>d</u>
Previous training or counseling				
Specific handicap training	yes	36	60	23
	no	58	54	24
Early education or infant stimulation	yes	22	62	19
	no	72	55	25
Behavior modification	yes	21	61	20
	no	73	55	25
General parent training or discussion groups	yes	47	61	23
	no	46	54	23
Counseling related to child's handicap	yes	42	57	22
	no	51	57	25
Age of child				
0-5 yrs.		34	61	24
6-9 yrs.		29	54	25
10-14 yrs.		29	57	24
Over 15 yrs.		10	56	18
Child's handicap				
Physical		23	59	21
Retarded		42	54	25
Speech		15	63	23
Deaf		20	54	23
Child's age when parents learned of handicap				
At birth		20	56	24
1 to 5 mos.		9	52	25
6 mos. to 1 yr.		27	61	21
2 yrs. or more		42	58	23

number of variables characterizing the subjects. These variables, shown in Table 7, include type of training format, certain demographic characteristics of the parent participants and their handicapped children, and the presence or absence of previous parent training related to child rearing and/or handicap. Table 7 shows the media pre-test and d scores for parents in each of the various categories. For several variables, subgroups had to be combined in order that categories would have sufficient subjects for statistical analyses.

The Kruskal-Wallis one-way analysis of variance and the Mann-Whitney U-test were used to determine the presence of statistically significant relationships between questionnaire scores and the variables shown in Table 7. For dichotomous variables (e.g., sex) the U-test was employed. For variables having more than two categories (e.g., age) the Kruskal-Wallis was first applied, and when a significant difference was found, the U-test was then used with all combinations of pairs of categories within the variable. Results of these analyses are presented in Table 8.

It will be noted, as mentioned earlier, that neither the pre-test nor the d score is significantly related to type of program format. Relationship of age and sex to test scores also fails to be significant. The expected relationship was found between education and level of pre-test performance, with both the college educated group and those having graduate work achieving higher scores than those having high school or less. It is interesting to note, however, that

Table 8

Relationships Between Independent Variables and Mean Test
Scores on Basic Units for the Total Group

Variable	Test Score	Kruskal-Wallis H-score	Mann-Whitney Z-score
Program format	Pre ¹ d ²	4.209 .312	
Age	Pre d	3.907 .222	
Sex	Pre d		.46 -.27
Race	Pre d	15.017* 1.104	
White/Black	Pre		-3.46*
White/Mexican-American	Pre		-2.27*
Black/Mexican-American	Pre		-.48
Education	Pre d	23.435* 4.546	
High school or less/college work	Pre		4.44*
High school or less/graduate work	Pre		2.91*
College work/graduate work	Pre		1.12
Occupation	Pre d	7.706** 2.687	
Professional & supervisory/Housewife	Pre		-1.78**
Clerical & sales/Housewife	Pre		-.28
Clerical & sales/Professional & supervisory	Pre		.92
Other/Housewife	Pre		1.66**
Other/Professional & supervisory	Pre		2.77*
Other/Clerical & sales	Pre		1.64
Family Income (in thousands)	Pre d	22.526* 4.439	
Below 10/10-14.9	Pre		1.15
Below 10/15-19.9	Pre		3.38*
Below 10/20 or above	Pre		3.81*
10-14.9/15-19.9	Pre		2.634*
10-14.9/20 or above	Pre		3.204*
15-19.9/20 or above	Pre		-.637

Table 8 (Cont'd.)

Variable	Score	Kruskal-Wallis H-score	Mann-Whitney Z-score
Previous parent training or counseling			
Specific handicap training	Pre		1.52
	d		-.64
Early education or infant stimulation	Pre		1.26
	d		-2.36*
Behavior modification	Pre		.88
	d		-1.58
General parent training or discussion groups	Pre		1.99**
	d		-.19
Counseling related to child's handicap	Pre		.38
	d		-1.40
Age of child	Pre	5.502	
	d	4.537	
Child's handicap	Pre	4.339	
	d	1.034	
Child's age when parent learned of handicap	Pre	1.094	
	d	2.089	

* Significant at .05 l.o.c. or below

** Approaching significance (.05 - .10)

1 Pretest

2 Pre-post difference

the amount of learning (d score) is not significantly influenced by education level. Although there is a suggestion of an inverse relationship between education level and amount of new knowledge acquired in the program (see Table 7), the relationship between education and d score failed to reach significance.

Occupation, like education, proves to be significantly related to the pre-test performance but not the amount of learning. Comparisons among the occupational categories reveal that the professional and supervisory group clearly did better on the pre-test than individuals classified as "other" (students, blue collar and unskilled workers), and that their superiority over subject classified as "housewife" approaches significance. Pre-test scores of the housewife's group, in turn, exceeded those of subjects in the "other" category to a degree approaching significance.

The only other variable that was significantly related to test performance was previous parent training in early education or infant stimulation. Subjects who had not had this kind of training showed a greater benefit (higher d score) than those who had had such previous training. There was a relationship approaching significance for one other category of previous parent training, those who had had general parent training or discussion groups. They had higher pre-test scores than those who had not had this kind of training.

Table 9 presents the average ratings by each of the training groups on each of the items contained in the reaction sheet or subjective evaluation submitted by 81 participants at the end of the program. Each item was rated on a 5-point scale. Two items had all points defined, while the others had definitions for each end of the scale and the mid-point. These definitions are included in Table 9.

The participants were highly laudatory in their assessment of the program. The rating on almost every item is near the optimum, and no item received a rating in a negative direction. All responding participants felt the program was about the right length and contained about the right amount of information; they considered difficulty of content to be about right; they found the program to be highly interesting more than 75 percent of the time; they felt the program would be very helpful to them; and they would strongly recommend it to others. Each type of training material and each of the separate units received a rating between "moderately helpful" and "very helpful", with the vast majority being rated near the "very helpful" end of the scale.

Table 9

Participant Evaluation of Program: Average Ratings
(5-point scale) by Parents in Each Training Group

Questionnaire Item	Training Group		
	Format I N=51	Format II N=15	Format III N=15
How do you feel about the length of the program? 1 = too short, 3 = about right, 5 = too long	2.6	2.9	2.9
How difficult was the program content? 1 = too simple, 3 = about right, 5 = too complicated	3.0	3.1	2.9
How do you feel about the amount of information presented? 1 = too little, 3 = about right, 5 = too much	2.7	2.9	3.2
How helpful do you think the program will be to you as a parent? 1 = not helpful, 3 = moderately helpful, 5 = very helpful	4.4	3.9	4.5
What percent of the time did you find the program boring? 1 = 0%, 2 = 25%, 3 = 50%, 4 = 75%, 5 = 100%	1.2	1.7	1.2
What percent of the time did you find the program highly interesting? 1 = 0%, 2 = 25%, 3 = 50%, 4 = 75%, 5 = 100%	4.5	4.1	4.4
How strongly would you recommend this program to other parents? 1 = would not recommend, 3 = moderate recommendation, 5 = strong recommendation	4.8	4.2	4.8
Indicate how helpful you consider each part of the program to be. 1 = not helpful, 3 = moderately helpful, 5 = very helpful			
Training Materials			
Slides	4.5	NA	NA
Tapes	4.4	4.5	NA
Group Activities	4.0	NA	NA
Textbooks	4.4	3.5	4.7
Workbooks	NA	3.9	4.5

Table 9 (Cont'd.)

Units	Format I	Format II	Format III
	<u>N=51</u>	<u>N=15</u>	<u>N=15</u>
Family Stage	4.0	3.5	4.3
Parental Scripts	4.4	4.0	4.3
Activator Parent	4.6	4.1	4.7
Motivation	4.5	4.1	4.5
Communication	4.8	4.1	4.6
Stress	4.6	4.2	4.6
Risk Taking	4.4	4.0	4.6
Games	4.4	4.4	4.2
Family Balance	4.2	4.0	4.5
Specific Handicap Unit	4.0	3.6	4.6

EVALUATION QUESTIONNAIRE

(Participants completed the following questionnaire prior to training, and the questions for each unit after completion of the unit. While all specific handicap questionnaires are included in this exhibit, parents completed only the one specific handicap unit questionnaire related to their child's handicap and the questionnaires for units 2 - 10. Unit 1, Introduction, was not included in the evaluation since it only presents an overview of the units and describes the training procedure.)

**PARENTAL SKILLS PROGRAM FOR PARENTS
OF HANDICAPPED CHILDREN**

**PROGRAM EVALUATION
QUESTIONNAIRE**

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"This report is authorized by law (20 U.S.C. 1441). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely."

THIS IS AN EVALUATION QUESTIONNAIRE WHICH WILL BE USED TO DETERMINE HOW EFFECTIVE THE PARENTAL TRAINING PROGRAM IS.

THIS IS NOT A TEST. No one is testing or evaluating you. All parents are asked to complete this questionnaire before they participate in the training program and then again after they complete the program. In this way it will be possible to determine if the program is successful in getting across the ideas it was intended to get across.

THIS QUESTIONNAIRE IS ANONYMOUS. In order to evaluate the program, however, it will be necessary to compare the questionnaires parents fill out before training with the ones they fill out after training. This can be done with a numbering system where parents make up their own number and write their number on all the questionnaire forms they complete. **YOU MAKE UP THIS NUMBER YOURSELF. CHOOSE ANY NUMBER WITH EIGHT DIGITS.** In this way no one else will know your number. No one will be able to identify the forms you complete.

PLEASE WRITE THE NUMBER YOUR MAKE UP IN THE BLANK BELOW:

YOUR NUMBER: _____, _____, _____, _____

So you won't forget your number, please write it on the slip of paper attached at the bottom of the page. Then tear the slip off and put it in your billfold or purse. Remember, it is very important that you use this same number on the questionnaire forms you will complete after training, so don't lose it.

There are two different kinds of questionnaire forms.

1. The first ones you will turn to ask information about you, your family and your handicapped children.
2. The second kind of forms are a series of multiple choice questions. The page right before the multiple choice questions gives instructions for completing them.

THERE IS NO TIME LIMIT FOR COMPLETING THE QUESTIONNAIRE. TAKE AS LONG AS YOU NEED.

PLEASE TURN THE PAGE AND BEGIN

YOUR NUMBER _____, _____, _____, _____

PERSONAL DATA FORM I - MOTHER

(1-8) IDENTIFICATION NUMBER: _____, _____, _____, _____

(9) AGE: (1) ☐ Below 20 (3) ☐ 30 - 39
(2) ☐ 20 - 29 (4) ☐ 40 or above

(10) RACE: (1) ☐ White (3) ☐ Chicano
(2) ☐ Black (4) ☐ Other

(11) MARITAL: (1) ☐ Single (4) ☐ Divorced
(2) ☐ Married (5) ☐ Separated
(3) ☐ Widowed

(12) EDUCATION: Check highest level completed

(1) ☐ High School or less
(2) ☐ College degree or some college
(3) ☐ Graduate degree or some graduate work

(13) OCCUPATION: (1) ☐ Unskilled (5) ☐ Professional
(2) ☐ Blue Collar (6) ☐ Housewife
(3) ☐ Clerical or Sales (7) ☐ Student
(4) ☐ Supervisory (8) ☐ Other

HAVE YOU PARTICIPATED IN ANY INSTRUCTIONAL PROGRAMS OR
COUNSELING IN CONNECTION WITH YOUR CHILD'S HANDICAP?
CHECK YES OR NO FOR EACH STATEMENT BELOW.

(14) ☐ Yes ☐ No Instructions in specific handicap (deaf, blind, speech,
retardation, physical handicap, etc.)

(15) ☐ Yes ☐ No Instruction in early education or infant stimulation

(16) ☐ Yes ☐ No Behavior modification

(17) ☐ Yes ☐ No General parent training or discussion groups

(18) ☐ Yes ☐ No Individual, group, or family counseling related to
your child's handicap

PERSONAL DATA FORM II - FATHER

(20-27) IDENTIFICATION NUMBER: _____

(28) AGE: (1) ☐ Below 20 (3) ☐ 30 - 39
(2) ☐ 20 - 29 (4) ☐ 40 or above

(29) RACE: (1) ☐ White (3) ☐ Chicano
(2) ☐ Black (4) ☐ Other

(30) MARITAL: (1) ☐ Single (4) ☐ Divorced
(2) ☐ Married (5) ☐ Separated
(3) ☐ Widowed

(31) EDUCATION: Check highest level completed

(1) ☐ High School or less
(2) ☐ College degree or some college
(3) ☐ Graduate degree or some graduate work

(32) OCCUPATION: (1) ☐ Unskilled (5) ☐ Professional
(2) ☐ Blue Collar (6) ☐
(3) ☐ Clerical or Sales (7) ☐ Student
(4) ☐ Supervisory (8) ☐ Other

HAVE YOU PARTICIPATED IN ANY INSTRUCTIONAL PROGRAMS OR
COUNSELING IN CONNECTION WITH YOUR CHILD'S HANDICAP?
CHECK YES OR NO FOR EACH STATEMENT BELOW.

(33) ☐ Yes ☐ No Instructions in specific handicap (deaf, blind, speech,
retardation, physical handicap, etc.)

(34) ☐ Yes ☐ No Instruction in early education or infant stimulation

(35) ☐ Yes ☐ No Behavior modification

(36) ☐ Yes ☐ No General parent training or discussion groups

(37) ☐ Yes ☐ No Individual, group, or family counseling related to
your child's handicap

PERSONAL DATA FORM III - FAMILY

MOTHER'S IDENTIFICATION NUMBER _____

FATHER'S IDENTIFICATION NUMBER _____

- (39) Your family's total income per year: (1) _____ Below \$10,000 (3) _____ \$15,000 - \$19,999
(2) _____ \$10,000-\$14,000 (4) _____ \$20,000 or above

(40) Number of children you have _____

(41) How many handicapped children do you have? _____

The following items refer to your handicapped child(ren). Fill out one section for each handicapped child.

HANDICAPPED CHILD "A"

- (42) AGE: (1) _____ 0 to 5 years
(2) _____ 6 to 9 years
(3) _____ 10 to 14 years
(4) _____ Over 15 years

- (43) SEX: (1) _____ Male
(2) _____ Female

- (44) HANDICAP:
(1) _____ Physical
(2) _____ Blind
(3) _____ Deaf
(4) _____ Retarded (Slow Learner)
(5) _____ Speech
(6) _____ Multiple

HOW OLD WAS THIS CHILD
WHEN YOU FIRST LEARNED
HE OR SHE WAS HANDICAPPED?

- (45) (1) _____ at birth
(2) _____ 1 to 5 months
(3) _____ 6 months to 1 year
(4) _____ 2 to 4 years
(5) _____ 5 to 10 years
(6) _____ over 10 years

HANDICAPPED CHILD "B"

- (46) AGE: (1) _____ 0 to 5 years
(2) _____ 6 to 9 years
(3) _____ 10 to 14 years
(4) _____ Over 15 years

- (47) SEX: (1) _____ Male
(2) _____ Female

- (48) HANDICAP:
(1) _____ Physical
(2) _____ Blind
(3) _____ Deaf
(4) _____ Retarded (Slow Learner)
(5) _____ Speech
(6) _____ Multiple

HOW OLD WAS THIS CHILD
WHEN YOU FIRST LEARNED
HE OR SHE WAS HANDICAPPED?

- (49) (1) _____ at birth
(2) _____ 1 to 5 months
(3) _____ 6 months to 1 year
(4) _____ 2 to 4 years
(5) _____ 5 to 10 years
(6) _____ over 10 years

(80) WHICH FORMAT OF THE PROGRAM ARE YOU PARTICIPATING IN?

- (1) _____ Group (either day or evening)
(2) _____ Self-Instruction with cassette tapes
(3) _____ Self-Instruction without cassette tapes

INSTRUCTIONS FOR QUESTIONNAIRE

The questionnaire is made up of multiple choice items, like the examples shown below. For each item, there are five possible answers. Choose the ONE answer you think is the best answer and circle the letter beside it.

EXAMPLE: Most families eat their evening meal:

- A. Between 8 and 9 in the morning
- B. Between 10 and 11 in the morning
- C. At noon
- D. At 4 in the afternoon
- ☒ E. Between 5 and 7 in the evening

EXAMPLE: The American flag is:

- A. Red
- B. White
- C. Blue
- D. A & B
- ☒ E. A, B & C

Be sure to mark only one answer for each item. Do not skip any items.
When you don't know the answer, make the best guess you can.

NOW TURN TO THE QUESTIONNAIRE ON THE NEXT PAGE.

FILL IN YOUR NUMBER AT THE TOP OF THE PAGE AND
BEGIN.

INSTRUCTIONS FOR QUESTIONNAIRE

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EXAMPLE: The American flag is:

- A. Red
- B. White
- C. Blue
- D. A & B
- ☒ E. A, B & C

Be sure to mark only one answer for each item. Do not skip any items.
When you don't know the answer, make the best guess you can.

NOW TURN TO THE QUESTIONNAIRE ON THE NEXT PAGE.

FILL IN YOUR NUMBER AT THE TOP OF THE PAGE AND
BEGIN.

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. AFTER THEY FIND OUT THAT THEIR CHILD HAS A HANDICAP, MANY PARENTS TEND TO:
 - A. Follow a pattern which is similar for most parents
 - B. Mourn for the loss of their dreams
 - C. Find it difficult to adjust their expectations for the child
 - D. Feel guilty
 - E. All of the above
2. HAVING A HANDICAPPED CHILD OFTEN RESULTS IN:
 - A. Problems with the other children
 - B. Conflicts with relatives
 - C. Trouble with strangers
 - D. Conflicts between parents
 - E. All of the above
3. AFTER FINDING OUT THAT A CHILD IS HANDICAPPED, IT IS BEST IF PARENTS:
 - A. Act as if everything were normal
 - B. Expect their child to probably outgrow his condition
 - C. Spare no expense to buy whatever is made for children with their child's handicap
 - D. Take the child to every doctor around who specializes in this handicap
 - E. None of the above
4. SOME PARENTS REACT TO HAVING A HANDICAPPED CHILD BY:
 - A. Blaming themselves in some way for the handicap
 - B. Going from doctor to doctor in search of a cure
 - C. Remodeling their house and buying equipment
 - D. Denying the child's handicap
 - E. All of the above

5. COPING WITH THE PROBLEMS CREATED BY HAVING A HANDICAPPED CHILD IS BASICALLY A MATTER OF THE FAMILY:
- A. Just getting good medical advice
 - B. Choosing one member to assume responsibility for the child
 - C. Keeping right on as if nothing unusual has happened
 - D. Defining new roles and following new scripts
 - E. None of the above
6. PARENTS WHO MAKE GOOD ADJUSTMENTS TO HAVING A HANDICAPPED CHILD:
- A. Keep on doing things pretty much the same way
 - B. Develop a new script for parenting
 - C. Give up satisfying a lot of their own needs
 - D. See to it their child is shielded from problems
 - E. All of the above
7. UPON LEARNING OF THEIR CHILD'S HANDICAP, MANY PARENTS:
- A. Quickly restructure their hopes and dreams for the child
 - B. Are confident they will be able to handle the situation
 - C. Can usually predict what will happen in the future
 - D. Are in a state of shock and disbelief
 - E. A & B
8. PARENTS WHO MAKE POOR ADJUSTMENTS TO HAVING A HANDICAPPED CHILD OFTEN:
- A. Tend to resist change
 - B. Deny the handicap
 - C. Overcompensate and do too much
 - D. Get on a guilt merry-go-round
 - E. All of the above

9. PROBLEMS OFTEN DEVELOP FOR PARENTS AS THEY ADJUST TO KNOWING THAT THEIR CHILD IS HANDICAPPED. MOST OF THESE PROBLEMS STEM FROM:
- A. Not wanting to accept the responsibility imposed by the handicap
 - B. Welcoming the parent-child closeness created by the handicap
 - C. Being confused because of mixed feelings about the handicap and the child
 - D. Anger and bitterness toward fate and society
 - E. None of the above

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. PEOPLE LEARN HOW TO BE PARENTS:
 - A. By copying their own parents
 - B. From their own childhood experiences
 - C. Through trial and error
 - D. From television
 - E. All of the above
2. IF A CHILD IS NOT WILLING TO TAKE HIS MEDICAL TREATMENTS, A PARENT SHOULD:
 - A. Wait for a more cooperative moment
 - B. Use a consistent method of punishment for not taking treatments
 - C. Explain to the child the long-range effects of not taking his treatments
 - D. Work out a treatment schedule with the child
 - E. Divert the child into a fun activity
3. FOR THE LONG-RANGE DEVELOPMENT OF A CHILD'S POTENTIAL, IT IS BEST FOR A PARENT TO:
 - A. Allow the child to make many of his own decisions
 - B. Consistently point out the errors in the child's performance
 - C. Leave the child alone to develop in his own way
 - D. Try to do everything for the child
 - E. Strive to become the child's pal
4. IF THE PARENT REALLY ACCEPTS THE HANDICAPPED CHILD AS A PERSON, THE PARENT WILL MORE LIKELY:
 - A. Spend a lot of time entertaining the child
 - B. Do as much as possible for the child
 - C. Recognize that the child has "civil rights"
 - D. Allow the child complete freedom
 - E. Not get involved in the child's problem

5. IN ORDER TO DEVELOP GOOD COMMUNICATION WITH A CHILD, THE PARENT SHOULD:
- A. Become involved in other activities when communication problems come up
 - B. Provide judgment of the child's activities by calling attention to his errors
 - C. Serve as a model of how people communicate
 - D. Divert the child into fun-making activities when problems arise
 - E. C and D
6. THE PARENTING BEHAVIORS THAT PEOPLE USE TEND TO:
- A. Form no particular pattern
 - B. Lean toward a certain style
 - C. Result from a common viewpoint of the child
 - D. Be equally beneficial to the child
 - E. None of the above
7. A PARENT WHO FOLLOWS A PATTERN OF BEING GONE MUCH OF THE TIME AND IGNORES HIS CHILD WHEN HE IS AT HOME:
- A. Finds parenting a boring task
 - B. Probably has too many other responsibilities
 - C. Is trying to develop his child's independence
 - D. Prefers not to take on parental responsibilities
 - E. None of the above
8. IN SOME FAMILIES, ONE PARENT SEEKS TO CARRY THE BIGGEST BURDEN AND MAKES EVERYONE AWARE OF IT BY COMPLAINING A GREAT DEAL. IN THIS SITUATION:
- A. The parent doesn't want pity and attention from others
 - B. The child will come to appreciate this parent when he is old enough to understand
 - C. The parent doesn't accept responsibilities
 - D. The parent seeks pity and attention
 - E. C and D

9. SOME PARENTS FEEL THAT IT IS MOST IMPORTANT THAT THEIR CHILD THINK OF THEM AS A PAL. SUCH PARENTS TRY TO PROVIDE THEIR CHILD WITH A GREAT DEAL OF PLEASURE AND ENTERTAINMENT. THESE PARENTS:
- A. Tend to see the child's situation as very sad
 - B. Think they need to make it up to the handicapped child
 - C. Entertain the children in order to avoid facing up to unpleasant problems
 - D. Are trying to help the child escape his problems
 - E. All of the above
10. SOME PARENTS ARE CONCERNED ABOUT MOVING THEIR HANDICAPPED CHILD TOWARD GROWTH AND INDEPENDENCE. SUCH PARENTS:
- A. Like to impress others with their child's ability
 - B. Can't accept the handicap
 - C. Accept their child with his handicap
 - D. Know little about handicapped children
 - E. Put their child into many situations where he fails

YOUR NUMBER _____

Pre

Post

I

II

III

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. THE GREATEST CONCERN OF A PARENT OF A HANDICAPPED CHILD SHOULD BE TO:

- A. Protect the child from risk situations
- B. Make the child as happy as he can
- C. Help the child develop self-sufficiency
- D. All of the above
- E. B and C

2. BASIC HUMAN NEEDS:

- A. Are the same for children as adults
- B. Include safety and social needs
- C. Guide behavior
- D. Include esteem and expression needs
- E. All of the above

3. BECOMING A MATURE PERSON INVOLVES:

- A. Moving from passive to active
- B. Moving from dependent to independent
- C. Moving from inward to outward interests
- D. All of the above
- E. None of the above

4. A PARENT'S IDEAS ABOUT A CHILD'S RIGHTS HAVE A MAJOR EFFECT UPON:

- A. How he acts toward the child
- B. How the child develops as a person
- C. How he feels about the child
- D. The things he expects from the child
- E. All of the above

5. THE SOCIAL NEEDS OF HANDICAPPED CHILDREN:

- A. Are greater than those of normal children
- B. Are often difficult for handicapped children to fulfill
- C. Can be completely fulfilled by parents if they try
- D. Are less than those of normal children
- E. None of the above

6. A CHILD'S SAFETY NEEDS:

- A. Are the most basic needs
- B. Are the easiest for parents to fulfill
- C. Are more likely to be threatened in the handicapped child than in the normal child
- D. Involve food, clothing and shelter
- E. All of the above

7. HANDICAPPED CHILDREN CAN HAVE PROBLEMS CONCERNING THEIR RIGHTS BECAUSE:

- A. Some people fail to treat them as a person
- B. They are not given sufficient chances to develop their potential
- C. They may lack opportunities to participate and contribute
- D. Parents often fail to consider their rights
- E. All of the above

8. THE ESTEEM NEEDS OF HANDICAPPED CHILDREN:

- A. Depend only on what the child thinks of himself
- B. Are not affected by what others think of the child
- C. Are related to feelings of adequacy and achievement
- D. Can be fulfilled completely by parents if they try
- E. All of the above

9. SOME PARENTS BREAK SKILLS DOWN INTO PARTS. THEN THEY WATCH AND HELP THE CHILD AS HE LEARNS EACH PART. THIS IS AN EXAMPLE OF:
- A. Over-supervision
 - B. Ability testing
 - C. Not accepting failure
 - D. Developing a failure backlog
 - E. None of the above
10. THE EXPRESSION NEEDS OF A HANDICAPPED CHILD:
- A. Are fulfilled by his being self-directed and creative
 - B. Can be fulfilled best if parents allow complete freedom
 - C. Are not as great as those of a normal child
 - D. Are the most basic of all needs
 - E. A and D
11. IN ORDER TO DEVELOP AN UNDERSTANDING OF A CHILD'S POTENTIAL, A PARENT SHOULD:
- A. Use ability testing
 - B. Observe the child
 - C. Use the child's personal timetable
 - D. Have an open image of the child
 - E. All of the above

YOUR NUMBER _____

Pre

Post

I

II

III

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. A CHILD'S BACKLOG OF SUCCESS:

- A. Has only a limited effect on present motivation
- B. Tends to increase his level of motivation
- C. Tends to decrease his level of motivation
- D. Has little effect on his future behavior
- E. A and D

2. HOW A PARENT BEHAVES TOWARD HIS CHILD:

- A. Has a great deal of influence on how the child will behave
- B. Will tend to serve as a model for the child
- C. Will not affect the child's level of motivation
- D. Has little to do with how the child will behave toward the parent
- E. A and B

3. IN ORDER TO ENCOURAGE HIS CHILD, A PARENT SHOULD:

- A. Guide learning
- B. Give rewards for behaviors
- C. Stimulate interest by suggesting new activities
- D. Release and encourage independence
- E. All of the above

4. A CHILD'S WILLINGNESS OR UNWILLINGNESS TO TRY IS RELATED TO:

- A. His success backlog
- B. His interests
- C. His skill level
- D. His expectations about how things will turn out
- E. All of the above

5. USING REWARDS WHEN A CHILD DOES SOMETHING A PARENT WANTS WILL TEND TO:
- A. Spoil the child
 - B. Encourage him to repeat the activity
 - C. Make the child expect bribes
 - D. Cause him to lose interest in the activity
 - E. Have little effect on what the child does
6. ALLOWING A CHILD TO PICK FROM MORE THAN ONE SUGGESTED ACTIVITY WILL TEND TO:
- A. Make him feel anxious and confused
 - B. Set him up for a failure
 - C. Make the child want to do what he chooses
 - D. Convey trust in his ability to decide
 - E. C and D
7. A CHILD'S MOTIVATION TO TRY IS AFFECTED BY:
- A. What his parents expect of him
 - B. The child's skill level
 - C. The pay-off for doing something
 - D. The child's knowing what to expect
 - E. All of the above
8. CALLING A CHILD'S ATTENTION TO HIS MISTAKES RATHER THAN HIS SUCCESSSES WILL PROBABLY MAKE HIM:
- A. More determined to succeed
 - B. Become unmotivated
 - C. Develop a sense of success
 - D. Try harder next time
 - E. A and D

9. FOR CHILDREN, REWARDS:
- A. Tend to spoil them
 - B. Are whatever pleases them
 - C. Should only be given by parents
 - D. Should not be used frequently
 - E. Are most effective after a time delay
10. IF A PARENT FOCUSES ON A CHILD'S SUCCESSES AND PAYS LESS ATTENTION TO FAILURE, THE CHILD WILL PROBABLY:
- A. Become very spoiled
 - B. Not learn much
 - C. Have little motivation to try
 - D. Develop a success backlog
 - E. Only be interested in success and winning
11. LETTING A CHILD GO OUT AND PLAY BY HIMSELF IS AN EXAMPLE OF:
- A. Suggesting
 - B. Ignoring
 - C. Releasing
 - D. Guiding
 - E. Modeling
12. GIVING YOUR CHILD ATTENTION AND SHOWING AN INTEREST IN WHAT HE DOES IS AN EXAMPLE OF:
- A. Releasing
 - B. Modeling
 - C. Suggesting
 - D. Rewarding
 - E. Guiding

T3. PARENTS WHO INTRIGUE THEIR CHILDREN IN NEW ACTIVITIES ARE:

- A. Releasing
- B. Rewarding
- C. Stimulating
- D. Modeling
- E. Correcting

YOUR NUMBER _____/_____/_____/_____

Pre Post I II III

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. PARENTS MAY HAVE TROUBLE COMMUNICATING WITH THEIR CHILDREN BECAUSE:
 - A. They are copying their own parents
 - B. They have few behavior skills for communicating
 - C. They think that children cannot really engage in communication
 - D. They feel that the goal of communication is giving direction
 - E. All of the above
2. GOOD COMMUNICATION BETWEEN PARENT AND CHILD:
 - A. Encourages feelings of esteem and growth in the child
 - B. Primarily involves giving the child clear messages on what needs to be done
 - C. Does not necessarily affect the child's ability to express his ideas
 - D. Requires that parents withhold a lot of unpleasant information
 - E. All of the above
3. PARENTS WHO CORRECT THEIR CHILDREN BY SAYING SUCH THINGS AS "YOU ARE A BAD BOY" ARE:
 - A. Providing essential feedback and thus developing their child's confidence
 - B. Doing a good job of communicating to the child what he's done wrong
 - C. Judging the child
 - D. Showing the child positive attention
 - E. All of the above
4. A PARENT WHO MAKES A HABIT OF WITHHOLDING INFORMATION FROM HIS CHILD:
 - A. Helps the child cope with his life
 - B. Is acting appropriately for a parent
 - C. Is helping avoid conflict and stress
 - D. Tends to teach the child to withhold information
 - E. None of the above

5. WHEN CORRECTING A CHILD, IT IS BEST TO:
- A. Focus attention on the whole child
 - B. Focus attention on the child's behavior
 - C. Correct with simple statements such as, "You were right" or "You were wrong"
 - D. Wait until later to say something
 - E. None of the above
6. JUDGING A CHILD:
- A. Is a necessary part of good parent-child communication
 - B. Can have negative effects on the child
 - C. Is essential for teaching the child
 - D. Helps the child develop self-understanding
 - E. C and D
7. IF A MESSAGE IS SPOKEN IN A CONSISTENT, SIMPLE AND DIRECT WAY:
- A. It will always be perfectly understandable
 - B. It will be misunderstood only if the person isn't listening
 - C. Some information in the message will probably still be lost
 - D. The listener has no excuse for missing a part of the message
 - E. None of the above
8. AS PART OF GOOD COMMUNICATION, SHARING HAS TO DO WITH:
- A. Making a child feel free to talk
 - B. Letting your child know that you have human shortcomings
 - C. Encouraging a child to talk about his feelings
 - D. Being careful not to over-react when your child tells you something upsetting
 - E. All of the above

9. WHEN A CHILD IS MISBEHAVING, SIMPLY SAYING, "YOU'RE BEING VERY SAD":
- A. Communicates to the child what he did wrong
 - B. Focuses on behavior
 - C. Is an example of judging
 - D. Pinpoints the child's misbehavior
 - E. Provides essential feedback and thus contributes to the child's social learning
10. CHILDREN SHOULD BE INCLUDED IN CONVERSATIONS ABOUT FAMILY MATTERS:
- A. Only when the children are old enough to understand
 - B. Only when there is no real decision-making or planning
 - C. If parents want to establish good communication
 - D. Only if the matter involves the children themselves
 - E. A and D
11. WHEN A PARENT REPEATS BACK INFORMATION JUST SAID TO HIM BY HIS CHILD, IT IS AN EXAMPLE OF:
- A. Mirroring
 - B. Parroting
 - C. Feedback
 - D. Repetition
 - E. None of the above
12. IF A PARENT WANT TO INVOLVE HIS CHILD IN CONVERSATION HE:
- A. Has to be willing to listen to the child
 - B. Has to respect his child's thoughts and ideas
 - C. Should ask his child questions
 - D. Lets his child express opinions
 - E. All of the above

13. WITH CLEAR AND SIMPLE MESSAGES, THERE WILL BE:

- A. Some information drop-off
- B. Complete understanding
- C. Some reshaping of information
- D. Limited communication
- E. A and C

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. STRESS MEANS HAVING:

- A. A low energy level
- B. A balanced state
- C. Excess energy
- D. All your needs met
- E. None of the above

2. HANDICAPPED CHILDREN MAY EXPERIENCE MORE STRESS THAN NORMAL CHILDREN BECAUSE:

- A. They have less to do
- B. They have more to do than they can handle
- C. They are overprotected
- D. They compare themselves to normal children
- E. All of the above

3. IN COMPARISON WITH PRIMITIVE MAN, STRESS IN MODERN MAN:

- A. Is not so much based on fear
- B. Is still relieved in much the same way
- C. Is more likely due to psychological threats
- D. Is more of a problem
- E. All of the above

4. STRESS AFFECTS PEOPLE:

- A. Emotionally
- B. Physically
- C. Psychologically
- D. Socially
- E. All of the above

5. A FORM OF MENTAL WITHDRAWAL IS:
- A. Walking away when you are threatened by someone
 - B. Thinking about problems and how to solve them
 - C. Arguing
 - D. Drinking alcohol
 - E. Being absent from school when you are failing
6. IF YOUR CHILD HAS BEEN UNDER STRESS FOR SEVERAL DAYS, IT IS BEST TO:
- A. Relieve him of all responsibilities
 - B. Divert him into entertaining activities
 - C. Encourage him to talk about his problems
 - D. Show the child more affection
 - E. All of the above
7. THE LEAST EFFECTIVE WAY OF DEALING WITH STRESS IS TO:
- A. Examine recent changes in your life
 - B. Talk about worries with someone
 - C. Hold in excess energy
 - D. Temporarily withdraw
 - E. Engage in work
8. WATCHING TELEVISION AS A WAY OF MANAGING STRESS IS A FORM OF:
- A. Substitution
 - B. Withdrawal
 - C. Redefining the situation
 - D. Using up stress energy
 - E. None of the above

9. STRESS RESULTS FROM:
- A. Changes in our lives
 - B. Underloading
 - C. Overloading
 - D. Boredom
 - E. All of the above
10. PHYSICAL AGGRESSION TENDS TO:
- A. Relieve stress
 - B. Get at the source of the problem
 - C. Only be directed at people
 - D. Create more problems for the person
 - E. A and D
11. EXPERIENCING STRESS:
- A. Involves a slow-down of body functions
 - B. Is the most basic reaction to threat
 - C. Results in a low energy level
 - D. Is mostly a matter of having poor self-control
 - E. A and D
12. IN HELPING A HANDICAPPED CHILD MANAGE STRESS, PARENTS SHOULD:
- A. Emphasize to the child that he should never lose control
 - B. Teach the child a philosophy about being handicapped
 - C. Quiet the child down and prevent outbursts
 - D. Be careful about expressing their own emotions
 - E. None of the above

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. RISK TAKING IS:

- A. Allowing children into potentially dangerous situations
- B. Not necessary for the child to become independent
- C. Especially unwise if the child is handicapped
- D. Allowing children to take calculated chances
- E. None of the above

2. WHEN A CHILD IS IN A RISK SITUATION:

- A. The parent can always predict how the child will act
- B. The parent has no way of knowing what to expect
- C. The child will eventually need the parent to step in
- D. The child will probably have some hidden resource or plus factor to help him
- E. None of the above

3. FOR THE MOST PART, PARENTS:

- A. Should allow their handicapped child to take very few risks
- B. Should not be concerned about their child's risk taking behavior
- C. Vary in the amount of risk they are willing to allow their child to take
- D. Should always know exactly what may or may not be a risk to a child
- E. All of the above

4. LIMITING A CHILD'S RISK TAKING BEHAVIOR:

- A. Is not necessary if the child is handicapped
- B. Negatively influences a child's skill level
- C. Is unrelated to overprotection
- D. Is important only when physical harm is involved
- E. B and C

5. WHEN PARENTS HOLD THEIR CHILD BACK FROM DOING SOMETHING:
- A. They always know why they've decided to do this
 - B. It is not important that they explain why
 - C. They may have secret motives for holding him back
 - D. They are doing the correct thing, even if the risk is only small and unlikely
 - E. None of the above
6. PARENTS WHO TRY TO AVOID RISKS FOR THEIR CHILDREN:
- A. Have children who are as self-confident as the average child
 - B. Give their children a realistic view of the world
 - C. Provide their children with the best conditions for developing skills
 - D. Have many fears themselves
 - E. None of the above
7. A PARENT SHOULD ALLOW A HANDICAPPED CHILD TO TAKE RISKS:
- A. Only when the parent is sure the child won't fail
 - B. Whenever the child wants to try something new
 - C. Only if there is absolutely no real hazard involved
 - D. Because this is a normal and necessary part of life
 - E. All of the above
8. IN TRYING TO CALCULATE THE RISKS TO THEIR CHILD IN A GIVEN ACTIVITY, PARENTS SHOULD:
- A. Try to identify the dangers, real or imagined
 - B. Evaluate the child's skills
 - C. Evaluate the situation
 - D. Consider the child's past experience
 - E. All of the above

9. OVERPROTECTING A HANDICAPPED CHILD TENDS TO:
- A. Increase his learning
 - B. Create a distorted understanding of reality
 - C. Emphasize the child's handicap
 - D. B and C
 - E. None of the above
10. A CHILD WHO IS GIVEN A CHANCE TO TAKE CALCULATED RISKS WILL PROBABLY:
- A. Lose his sense of caution
 - B. Experience a great many failures
 - C. Develop wider interests
 - D. Become fearful
 - E. None of the above

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

Whenever the word "game" appears in a question below, think of it in this way:
A GAME IS A TRANSACTION THAT OCCURS BETWEEN PEOPLE IN WHICH
SOMEONE IS THE VICTIM AND SOMEONE RECEIVES A BENEFIT.

1. THE MOST COMMON REASON WHY A PERSON STARTS A GAME IS BECAUSE:
 - A. There is nothing better to do
 - B. He wants a pay-off
 - C. He wants to break the monotony
 - D. Games are fun
 - E. None of the above
2. A PERSON WHO IS PLAYING A GAME:
 - A. Does it for unselfish motives
 - B. May or may not realize he is doing it
 - C. Realizes he is doing it
 - D. Does not realize he is doing it
 - E. Is merely passing the time
3. WHICH OF THE FOLLOWING IS TRUE OF GAMES:
 - A. Games are played on parents by children
 - B. They are played by parents on other family members
 - C. They tend to be repeated over and over again
 - D. Games are based on ulterior motives
 - E. All of the above

4. IF PARENTS GIVE IN EVERY TIME A CHILD THROWS A TANTRUM, THE CHILD IS:
- A. The victim
 - B. Being confused by the parents' game behavior
 - C. Getting a pay-off by controlling
 - D. Being comforted
 - E. All of the above
5. IF A CHILD HAS A TANTRUM AND THE PARENTS GIVE IN, THEY WOULD BE:
- A. Playing the game
 - B. Refusing to play
 - C. Countering with power
 - D. Countering the game
 - E. Exposing the game
6. IF A CHILD HAS A TANTRUM AND THE PARENTS START LAUGHING AT HIM, THEY WOULD BE:
- A. Playing the game
 - B. Refusing to play
 - C. Countering with power
 - D. Countering the game
 - E. Exposing the game
7. IF A CHILD HAS A TANTRUM AND THE PARENTS SIMPLY IGNORE THE TANTRUM, THEY WOULD BE:
- A. Playing the game
 - B. Refusing to play
 - C. Countering with power
 - D. Countering the game
 - E. Exposing the game

8. IF A CHILD HAS A TANTRUM AND THE PARENTS TELL THE CHILD HE WON'T GET HIS WAY BY PLAYING TANTRUM AND THEN LEAVE, THEY WOULD BE:
- A. Playing the game
 - B. Refusing to play
 - C. Countering with power
 - D. Countering the game
 - E. Exposing the game
9. IF A CHILD HAS A TANTRUM AND THE PARENTS SPANK THE CHILD, THEY WOULD BE:
- A. Playing the game
 - B. Refusing to play
 - C. Countering with power
 - D. Countering the game
 - E. Exposing the game
10. USUALLY THE BEST THING FOR PARENTS TO DO WHEN A CHILD HAS A TANTRUM IS TO:
- A. Play the game
 - B. Refuse to play
 - C. Counter with power
 - D. Counter the game
 - E. Expose the game
11. WHEN PEOPLE START A GAME, THEY:
- A. Are trying to avoid personal risk or sacrifice
 - B. Are looking for a benefit
 - C. May want to avoid working
 - D. May be trying to control others
 - E. All of the above

12. IF ONE PERSON STARTS A GAME WITH ANOTHER PERSON, THE PERSON WHO DID NOT START THE GAME:
- A. Will always know he's in a game
 - B. Will never know he's in a game
 - C. May want to end the game and not know how
 - D. Will always play the game
 - E. None of the above
13. IN A GAME-FREE RELATIONSHIP, PEOPLE:
- A. Develop great frustration
 - B. Counter with power
 - C. Have ulterior motives
 - D. Develop mutual pacts
 - E. Act as controllers
14. THE BEST WAY TO ACHIEVE A GAME-FREE RELATIONSHIP IS TO:
- A. Name the games
 - B. Develop mutual pacts
 - C. Expect no one to lose
 - D. Have mutual trust
 - E. All of the above

For each question, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. WHEN A FAMILY HAS A CHILD WITH A HANDICAP, THE PARENTS SHOULD:
 - A. Make sure that the handicapped child comes first
 - B. Understand that their own needs will have to be considered secondary
 - C. Expect everyone in the family to be creative and flexible
 - D. Recognize that setting priorities is almost impossible
 - E. None of the above
2. IN ORDER THAT ALL MEMBERS OF A FAMILY ARE ABLE TO FOLLOW SOME OF THEIR OWN INTERESTS, THEY NEED TO:
 - A. Make a joint decision to seek balance in the family
 - B. Be willing to think of and try new ways of managing family matters
 - C. Set priorities for tasks which need to be done
 - D. Plan a schedule of things which need to be done and who will do them
 - E. All of the above
3. IF A FAMILY WANTED TO TRY TALKING ABOUT MATTERS AT A FAMILY MEETING IT WOULD BE BEST IF:
 - A. The parents are in charge because they have the most experience
 - B. The children understand that they can only make suggestions
 - C. Decision making is kept clearly in the hands of the parents
 - D. One of the rules is -- "No Arguments"
 - E. None of the above
4. IN FAMILIES THAT CENTER THEIR CONCERNS ON THE HANDICAPPED CHILD:
 - A. Communication problems are likely to develop between the parents
 - B. Stronger bonds tend to develop between husband and wife
 - C. There tends to be more teamwork
 - D. Normal family relations can still be maintained
 - E. There is generally an attitude of optimism

5. CREATING A SENSE OF BALANCE IN A FAMILY WITH A HANDICAPPED CHILD HAS TO DO WITH:
- A. Deciding that all members should share in decision-making
 - B. Being willing to try out new ways of managing family matters
 - C. Cooperating so that everyone's needs can be fulfilled
 - D. Trying to anticipate future problems and plan solutions
 - E. All of the above
6. TRYING TO SET PRIORITIES IN A FAMILY WITH A HANDICAPPED CHILD:
- A. Is almost impossible because of unpredictability
 - B. Is something the parents should do
 - C. Is something all family members should do together
 - D. Is so difficult that the family shouldn't try it
 - E. A and D
7. PARENTS OF A HANDICAPPED CHILD SHOULD:
- A. Make a "things to do" list
 - B. Focus the major part of their energies on the handicapped child
 - C. Decide which parent is to care for the handicapped child
 - D. Put the handicapped child's needs before their own
 - E. Spare the other children from problems related to the handicapped child
8. AS IT RELATES TO FAMILY BALANCE, OPEN COMMUNICATION MEANS:
- A. A discussion without conflict
 - B. Discussing problems with the parents solving them
 - C. Focusing on the positive and eliminating negative topics
 - D. Not bothering with ground rules
 - E. None of the above

YOUR NAME _____

Pre Post
I II III

For each question below, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. A PHYSICALLY HANDICAPPED CHILD CAN HAVE A REWARDING LIFE THROUGH WHICH OF THE FOLLOWING MEANS:
 - A. Goals
 - B. Independence
 - C. Day-by-day living
 - D. A & B
 - E. A, B & C

2. WHICH OF THE FOLLOWING IS NOT A BARRIER THE PHYSICALLY HANDICAPPED CHILD MUST OVERCOME TO HAVE A REWARDING LIFE?
 - A. Changing his role
 - B. Closed image
 - C. Adapting to life stages
 - D. Lack of social skills
 - E. Goal setting

3. A COMMUNICATION TRAP PARENTS OF PHYSICALLY HANDICAPPED CHILDREN OFTEN FALL INTO IS:
 - A. Talking about family problems
 - B. Revealing emotions
 - C. Withholding information
 - D. Discussing their child's physical problems
 - E. All of the above

4. THE MAJOR SOURCE OF STRESS FOR THE PHYSICALLY HANDICAPPED CHILD IS:
- A. Overload
 - B. Realistic expectations
 - C. Boredom
 - D. Goal setting
 - E. Lack of information
5. THE MAJOR WAY A PHYSICALLY HANDICAPPED CHILD USUALLY DEALS WITH EXCESS STRESS ENERGY IS BY:
- A. Turning it inward
 - B. Temper tantrums
 - C. Talking with others
 - D. Expressing his anger
 - E. Becoming aggressive
6. ONE RESULT OF OVERPROTECTION IS THAT THE PHYSICALLY HANDICAPPED CHILD:
- A. Develops greater intellectual independence
 - B. Becomes socially handicapped
 - C. Becomes more self-confident
 - D. Develops a success backlog
 - E. A & D
7. IN DEALING WITH RISK TAKING, PARENTS SHOULD ENCOURAGE THEIR PHYSICALLY HANDICAPPED CHILD TO:
- A. Take social risks only
 - B. Expand out
 - C. Limit his experience
 - D. Stay in safe space
 - E. C & D

8. IN DEVELOPING MOTIVATION, PARENTS SHOULD ENCOURAGE THEIR PHYSICALLY HANDICAPPED CHILD TO:
- A. Maintain a normal routine
 - B. Build a success backlog
 - C. Avoid a goal-setting habit
 - D. A & B
 - E. A, B & C
9. WHICH OF THE FOLLOWING STATEMENTS IS TRUE OF THE "SPREADING EFFECT" PHYSICALLY HANDICAPPED CHILDREN MAY EXPERIENCE?
- A. Overprotection in the physical area spreads to the social area
 - B. The result is the child will develop physical skills
 - C. The child is being encouraged to develop his social skills
 - D. B & C
 - E. None of the above

YOUR NUMBER _____

Pre Post

I II III

For each question below, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. IN TEACHING THEIR RETARDED CHILD SPEECH, PARENTS SHOULD NOT:
 - A. Model
 - B. Give feedback
 - C. Use repetition
 - D. Mimic
 - E. Use rewards

2. TEACHING LANGUAGE INVOLVES ALL BUT WHICH OF THE FOLLOWING?
 - A. Identifying things
 - B. Emphasizing speech
 - C. Expanding meanings
 - D. Relating categories
 - E. Testing learning

3. THE PARENTAL ROLE OF CARETAKER IS TYPICAL OF WHICH VIEWPOINT OF THE RETARDED CHILD?
 - A. Developing child viewpoint
 - B. Isolated child viewpoint
 - C. Forgotten child viewpoint
 - D. Eternal child viewpoint
 - E. Dependent child viewpoint

4. THE VIEWPOINT THAT PARENTS HAVE OF THEIR CHILD WILL HAVE A MAJOR IMPACT ON THEIR:
- A. Perspective on retardation
 - B. Risk taking style
 - C. Family balance
 - D. Parental role
 - E. All of the above
5. IN THE _____ CHILD VIEWPOINT, THERE IS A CLOSED IMAGE OF THE RETARDED CHILD, AND HE IS SEEN AS HAVING A FIXED POTENTIAL.
- A. Developing
 - B. Perpetual
 - C. Eternal
 - D. Normalized
 - E. Isolated
6. IN THE _____ CHILD VIEWPOINT OF THE RETARDED CHILD, THERE IS AN OPEN IMAGE OF THE CHILD AND HE IS SEEN AS HAVING AN EXPANDING POTENTIAL.
- A. Developing
 - B. Perpetual
 - C. Eternal
 - D. Normalized
 - E. Isolated

7. "LIBERATED" PARENTS OF RETARDED CHILDREN ARE ONES WHO HAVE SEEN THEMSELVES AS:
- A. Teachers
 - B. Caretakers
 - C. Abdicators
 - D. Cavaliers
 - E. Advocates
8. "PRIME TIME" REFERS TO THE BEST TIME FOR:
- A. Teaching a retarded child speech
 - B. Teaching a retarded child language
 - C. Parents to send the child to school
 - D. Teaching children who are not retarded
 - E. Attempting normalization
9. IN ATTEMPTING TO NORMALIZE THEIR RETARDED CHILD PARENTS:
- A. Tend to develop unrealistic goals
 - B. Are denying his handicap
 - C. Try to emphasize his similarities to other children
 - D. Are unfair to the child
 - E. C & D

10. WHICH OF THE FOLLOWING IS NOT A PART OF GOAL SETTING?

- A. Define the goal
- B. Break the goal down into small steps
- C. Let the child figure out how to do each step
- D. Allow the child to master each step by practicing
- E. Reward the child for successes and ignore failures

11. WHICH ARE THE TWO TYPES OF RISKS THAT CONCERN MOST PARENTS OF RETARDED CHILDREN?

- A. Physical and emotional
- B. Emotional and intellectual
- C. Physical and intellectual
- D. Social and emotional
- E. Physical and social

12. WHICH OF THE FOLLOWING PARENTAL RISK-TAKING STYLES IS CHARACTERISTIC OF THE DEVELOPING CHILD VIEWPOINT?

- A. Calculator
- B. Insurer
- C. Avoider
- D. Controller
- E. Adventurer

13. WHICH OF THE FOLLOWING PARENTAL RISK-TAKING STYLES IS CHARACTERISTIC OF THE ETERNAL CHILD VIEWPOINT?

- A. Adventurer
- B. Avoider
- C. Insurer
- D. Controller
- E. Calculator

YOUR NUMBER _____, _____, _____, _____

Pre	Post
I	II III

For each question below, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. FOUR OF THE FOLLOWING ARE SOURCES OF SOCIAL PROBLEMS FOR BLIND CHILDREN. WHICH ONE IS NOT?
 - A. Body language
 - B. Broadcast voice
 - C. Verbalism
 - D. Aggressiveness
 - E. Facial expressions

2. THE MAJOR SOURCES OF STRESS FOR A BLIND CHILD ARE:
 - A. Underload, new experiences, touch fear, and failure
 - B. Unidentified sounds, anxiety, touch fear, and overload
 - C. Lack of understanding, underload, failure, and punishment
 - D. Overload, failure, new experiences, and social isolation
 - E. Fear of trying, underload, strangers, and new experiences

3. WHEN A BLIND CHILD "TALKS TO THE ROOM," HE:
 - A. Is being rude
 - B. Is using a broadcast voice
 - C. Tends to speak very quietly
 - D. Uses verbalisms
 - E. Is trying to include everyone

4. IN MOTIVATING THEIR BLIND CHILD, PARENTS WANT HIM TO BE:
- A. Active
 - B. Self-directed
 - C. Other-directed
 - D. A & B
 - E. A & C
5. FOUR OF THE FOLLOWING STATEMENTS ARE TRUE OF THE BLIND CHILD'S COMMUNICATION. WHICH ONE IS NOT TRUE?
- A. The problems are language and interaction
 - B. He has difficulty associating names and meanings with objects
 - C. The problems are language and speech
 - D. The "talk and touch" method is necessary for learning
 - E. Mobility is needed for learning
6. WHICH OF THE FOLLOWING IS NOT TRUE FOR PARENTS OF A BLIND CHILD?
- A. They get no rewards from the child
 - B. The parents' role should be that of a teacher
 - C. Parents should focus on sensory training
 - D. Parents should teach self-help skills
 - E. Parents foster dependency by giving body contact

7. WHICH OF THE FOLLOWING DO PARENTS HAVE TO TEACH THEIR BLIND CHILD ?

- A. Verbalisms
- B. Broadcast voice
- C. Blindisms
- D. Social responses
- E. Passivity

8. FOR THE BLIND CHILD, WITHDRAWAL AND BLINDISMS ARE REACTIONS TO:

- A. Rejection
- B. Interaction
- C. Feedback
- D. Risks
- E. Stress

9. IN SENSORY TRAINING, PARENTS TEACH THEIR BLIND CHILD TO _____
INFORMATION PICKED UP BY HIS OTHER SENSES.

- A. Trust
- B. Become aware of
- C. Use
- D. B & C
- E. A, B & C

C-3

YOUR NUMBER _____

Pre	Post
I	II III

For each question below, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. A SPEECH DISORDER:

- A. Is not having words to use
- B. Means the child's vocabulary is too small
- C. Is the same thing as a language disorder
- D. Draws negative attention to itself
- E. Is a problem with grammar

2. AN ARTICULATION DISORDER IS:

- A. Repeating certain sounds
- B. Omitting certain sounds
- C. Speaking too loudly
- D. Blocking certain words
- E. Speaking in a monotone

3. A VOICE DISORDER IS:

- A. Substituting one sound for another
- B. Distorting certain sounds
- C. A problem with pitch
- D. A problem with rhythm
- E. A problem with pronunciation

D-1

4. STUTTERING IS A PROBLEM WITH:

- A. Rhythm
- B. Pronunciation
- C. Voice
- D. Distortion
- E. Omission

5. A SPEECH DISORDER MAY RESULT IN ALL BUT WHICH OF THE FOLLOWING?

- A. Hesitancy about speaking
- B. Self-consciousness
- C. Carelessness
- D. Withdrawal
- E. Embarrassment

6. THE BUILDING BLOCKS FOR DEVELOPING SPEECH ARE:

- A. Words
- B. Sounds
- C. Letters
- D. The alphabet
- E. Sentences

7. SPEECH DEVELOPMENT:

- A. Occurs at the same age for all children
- B. Has nothing to do with muscular development
- C. Depends on maturation
- D. Is simply a matter of acquiring a vocabulary
- E. Is learning the meanings of words

8. PARENTS SHOULD "MONITOR":

- A. Their child's speech
- B. Their own behavior
- C. Their child's interaction with others
- D. What others say to their child
- E. What their child says

9. WHAT SHOULD PARENTS AVOID IN DEVELOPING THEIR CHILD'S SPEECH?

- A. Playing down
- B. Rewarding
- C. Modeling
- D. Criticizing
- E. Monitoring

10. THE MOST IMPORTANT CHARACTERISTIC OF A SPEECH ENVIRONMENT IS THAT IT BE:

- A. Fun
- B. Rewarding
- C. Judging
- D. Normal
- E. Monitoring

11. THE MOST IMPORTANT THING PARENTS SHOULD DO ABOUT THEIR CHILD'S STRESS IS:

- A. Ignore
- B. Reward
- C. Relax
- D. Play
- E. Monitor

12. THE MOST TROUBLESOME RISKS FOR THE SPEECH IMPAIRED CHILD ARE:

- A. Physical
- B. Psychological
- C. Safety
- D. Social
- E. Emotional

13. FAMILY MEMBERS TYPICALLY PLAY WHICH TWO ROLES IN "RESCUING" THE SPEECH IMPAIRED CHILD FROM RISK-TAKING SITUATIONS?

- A. Avoider - Interpreter
- B. Interpreter - Intervener
- C. Intervener - Insurer
- D. Insurer - Instigator
- E. Instigator - Calculator

14. WHAT TYPE OF IMBALANCE IS MOST OFTEN FOUND IN A FAMILY WITH A SPEECH IMPAIRED CHILD?

- A. Time
- B. Workload
- C. Leisure
- D. Economic
- E. Social

YOUR NUMBER _____

Pre	Post
I	II III

For each question below, circle the letter for the one answer which you think is the best answer. Be sure to answer every question.

1. THE KEY FOR THE DEAF CHILD TO SUCCESSFULLY LIVE IN THE FOUR WORLDS IS:
 - A. Independence
 - B. Self-reliance
 - C. Risk taking
 - D. Communication
 - E. Confidence

2. THE ORAL COMMUNICATION METHOD INCLUDES ALL BUT WHICH ONE OF THE FOLLOWING?
 - A. Residual hearing
 - B. Speech reading
 - C. Signs
 - D. Speech
 - E. Hearing aid

3. WHICH OF THE FOLLOWING SHOULD NOT BE A CONSIDERATION OF PARENTS IN SELECTING A COMMUNICATION METHOD?
 - A. Available services
 - B. Family resources
 - C. The best method
 - D. Age at diagnosis
 - E. Degree of hearing loss

4. THE IDEAL PARENTAL ROLE FOR PARENTS OF DEAF CHILDREN IS THAT OF A:

- A. Listener
- B. Teacher
- C. Controller
- D. Calculator
- E. Therapist

5. SYMBOLS ARE:

- A. Objects and relationships
- B. Words and actions
- C. Signs and actions
- D. Objects and actions
- E. Words and signs

6. RECEPTIVE LANGUAGE INVOLVES:

- A. Receiving information
- B. Sending information
- C. Expressing one's self
- D. Saying words
- E. Using signs

7. PARENTAL SKILLS FOR TEACHING THE CHILD RECEPTIVE LANGUAGE INCLUDE ALL BUT WHICH OF THE FOLLOWING?
- A. Model
 - B. Identify
 - C. Relate
 - D. Expand
 - E. Test
8. IN TEACHING RECEPTIVE LANGUAGE, PARENTS EXPAND:
- A. Things
 - B. Horizons
 - C. Meanings
 - D. Choices
 - E. Objects
9. WHICH PARENTAL SKILL IS REQUIRED TO TEACH THE CHILD BOTH RECEPTIVE AND EXPRESSIVE LANGUAGE?
- A. Repetition
 - B. Expansion
 - C. Identification
 - D. Demonstration
 - E. Feedback

10. WHICH IS TRUE IN DEVELOPING LANGUAGE?

- A. "Prime time" is from 5 to 10 years of age
- B. Expressive language comes first
- C. Receptive language comes first
- D. Both communication methods use signs
- E. Finger-spelling is used in oral communication only

11. WHICH PARENTAL SKILL SHOULD NOT BE USED BY PARENTS IN MOTIVATING THEIR DEAF CHILD?

- A. Criticism
- B. Natural learning
- C. Reinforcement
- D. Rewards
- E. Play acting

12. PARENTS SHOULD REINFORCE THE IDEA THAT LANGUAGE IS:

- A. Verbal
- B. Powerful
- C. Using symbols
- D. Using words
- E. Modeled

13. "KEYING" IS:

- A. Initiating interaction
- B. Responding to others
- C. Focusing on one person at a time
- D. Picking up key words in a conversation
- E. Learning to identify emotions

14. THE MAJOR SOURCE OF STRESS FOR THE DEAF CHILD IS:

- A. Motivation
- B. Fear
- C. Over-protection
- D. Risk taking
- E. Frustration

YOUR EVALUATION OF THE PROGRAM

8) YOUR NUMBER _____, _____, _____, _____

Check the blank which describes how you participated in the program:

- (1) _____ Group (day or evening)
(2) _____ Self-Instruction with cassette tapes
(3) _____ Self-Instruction without cassette tapes

IN ORDER TO COMPLETELY EVALUATE THE PARENT TRAINING PROGRAM, IT IS NECESSARY TO KNOW THE OPINIONS OF THE PARTICIPANTS. AFTER ALL, YOU ARE THE BEST JUDGES.

Each item below is rated on a scale ranging from 1 to 5. For each statement, please circle the number which is closest to your opinion about the statement. Please be frank and honest in your evaluation.

0) A. HOW DO YOU FEEL ABOUT THE LENGTH OF THE PROGRAM?

1	2	3	4	5
too short		about right		too long

1) B. HOW DIFFICULT WAS THE PROGRAM CONTENT?

1	2	3	4	5
too simple		about right		too complicated

2) C. HOW DO YOU FEEL ABOUT THE AMOUNT OF INFORMATION PRESENTED IN THE PROGRAM?

1	2	3	4	5
too little		about right		too much

3) D. HOW HELPFUL DO YOU THINK THE PROGRAM WILL BE TO YOU AS A PARENT?

1	2	3	4	5
not helpful		moderately helpful		very helpful

- E. IN THE LIST BELOW, FIND THE FORMAT YOU HAD (I, II OR III). UNDER THAT FORMAT, EVALUATE EACH ITEM BY CIRCLING A NUMBER IN THE APPROPRIATE COLUMN TO INDICATE HOW HELPFUL YOU CONSIDER THAT PART OF THE PROGRAM TO BE.

		not helpful		moderately helpful		very helpful
	I. GROUP					
4)	Slides	1	2	3	4	5
5)	Lectures	1	2	3	4	5
6)	Group Activities	1	2	3	4	5
7)	Textbooks	1	2	3	4	5
	II. SELF-INSTRUCTION WITH TAPES					
8)	Workbooks	1	2	3	4	5
9)	Tapes	1	2	3	4	5
10)	Textbooks	1	2	3	4	5
	III. SELF-INSTRUCTION WITHOUT TAPES					
11)	Workbooks	1	2	3	4	5
12)	Textbooks	1	2	3	4	5

F. PLEASE RATE EACH UNIT IN TERMS OF HOW HELPFUL YOU CONSIDER IT TO BE.

	<u>UNIT</u>	<u>not helpful</u>		<u>moderately helpful</u>		<u>very helpful</u>
23)	FAMILY STAGE	1	2	3	4	5
24)	PARENTAL SCRIPTS	1	2	3	4	5
25)	ACTIVATOR PARENT	1	2	3	4	5
26)	MOTIVATION	1	2	3	4	5
27)	COMMUNICATION	1	2	3	4	5
28)	STRESS	1	2	3	4	5
29)	RISK TAKING	1	2	3	4	5
30)	GAMES	1	2	3	4	5
31)	FAMILY BALANCE	1	2	3	4	5
32)	SPECIFIC HANDICAP UNIT	1	2	3	4	5

33) G. HOW STRONGLY WOULD YOU RECOMMEND THIS PROGRAM TO OTHER PARENTS OF HANDICAPPED CHILDREN?

1	2	3	4	5
would not recommend		moderate recommendation		strong recommendation

34) H. WHAT PERCENT OF THE TIME DID YOU FIND THE PROGRAM BORING?

0% 25% 50% 75% 100%

35) I. WHAT PERCENT OF THE TIME DID YOU FIND THE PROGRAM HIGHLY INTERESTING?

0% 25% 50% 75% 100%

J. WHAT DID YOU LIKE LEAST ABOUT THE PROGRAM?

K. WHAT DID YOU LIKE MOST ABOUT THE PROGRAM?

L. IN WHAT WAYS DID THE PROGRAM FAIL TO LIVE UP TO YOUR EXPECTATIONS?
THAT IS, WHAT DID YOU FAIL TO GET THAT YOU HAD EXPECTED TO GET?

M. WRITE ANY COMMENTS OR SUGGESTIONS YOU HAVE ABOUT THE PROGRAM
THAT ARE NOT COVERED BY THE QUESTIONS ABOVE.

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THANK YOU FOR YOUR PARTICIPATION IN THE PROGRAM AND FOR YOUR EVALUATION.

LETTERS TO PARENTS WHICH WERE USED
IN THE EVALUATION PROCESS

1. Letter of Invitation
2. Letter to Evening Group Participants
3. Letter to Day Group Participants
4. Letter to Self-Instruction Participants

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOORSUND AVENUE
HOUSTON, TEXAS 77025

TO: Parents of Handicapped Children

DATE: March 10, 1976

SUBJECT: PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

You are invited to participate, at no cost, in a parental skills program for parents of handicapped children during late April and early May, 1976. You will get new insights, ideas and skills for managing a family with a handicapped child. The program is for parents of children who are visually impaired, hearing impaired, mentally retarded, physically disabled or speech impaired.

There are two ways to participate. You can join other parents in group meetings or you can use a set of self-instruction materials at home. The group sessions consist of six, three-hour sessions. You can attend during school hours or in the evening. The self-instruction materials can be completed at home. The program will be conducted again at a later date if more parents wish to participate than can be accommodated during April and May.

This is a new program developed with funds provided by the Bureau of Education of the Handicapped, Department of Health, Education and Welfare. It is based on extensive interviews with parents of handicapped children. Parents of handicapped children have reviewed all materials and have tested out the program. These parents say this program has been needed for a long time.

Both mothers and fathers are urged to participate. However, if only one parent is able to participate, that is fine. If you have questions, please call us at 621-8171.

Please fill out the form below and have your child return it to his teacher tomorrow.

WANT TO PARTICIPATE: MOTHER ☐ YES ☐ NO
 FATHER ☐ YES ☐ NO
PARENTS NAME _____ HANDICAPPED CHILD'S AGE _____
ADDRESS _____ KIND OF HANDICAP _____
PHONE _____ CHILD'S SCHOOL _____

Indicate by checking the appropriate line below the way you wish to participate:

☐ school hours group ☐ evening group ☐ self-instruction at home

IF YOU INDICATED YOU WANT TO PARTICIPATE, WE WILL CONTACT YOU SOON.

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOURSUND AVENUE
HOUSTON, TEXAS 77025

P. O. Box 20095

April 23, 1976

Dear Parent:

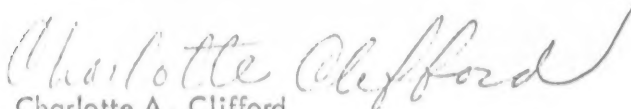
The staff of the Parental Skills Program for Parents of Handicapped Children thank you for agreeing to participate in the program. As we told you, you will not only be learning new ideas and parent skills, but you will help us make sure the program works. In this way parents across the country will have the best parent program possible.

A brochure is enclosed which describes each of the units in the program and some background information on why and how the program was developed. Also enclosed is a schedule of the training meetings.

It is very important that you attend all of the training sessions. However, we realize unforeseen things happen and you may have to miss one session. If this happens, please call me so we can get the self-instruction booklets for the units you miss to you before the next session.

I look forward to meeting you.

Sincerely,



Charlotte A. Clifford
Parental Skills Program for
Parents of Handicapped Children

Phone number: 621-8171

DAY GROUP

PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

LOCATION: Easter Seal - Houston School for Deaf Children
3636 West Dallas - in the auditorium

TIME: 10 a.m. - 1 p.m.

DATES:

May 3 (Monday) Unit 1 & Evaluation Questionnaire

May 5 (Wednesday) Unit 2 & Unit 3

May 12 (Wednesday) Unit 4 & Unit 5

May 14 (Friday) Unit 6 & Unit 7

May 17 (Monday) Unit 8 & Unit 9

May 19 (Wednesday) Unit 10 & Physical or Retarded

OR

May 20 (Thursday) Unit 10 & Blind, or Speech or Deaf

The enclosed brochure will tell you about the units and the program.

REMEMBER: It is very important to attend all the sessions.
If a problem comes up, please call:

Charlotte Clifford at 621-8171

EVENING GROUP

PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

LOCATION: Easter Seal - Houston School for Deaf Children
3636 West Dallas - in the auditorium

TIME: 7 p.m. - 10 p.m.

DATES:

May 3 (Monday) Unit 1 & Evaluation Questionnaire

May 6 (Thursday) Unit 2 & Unit 3

May 11 (Tuesday) Unit 4 & Unit 5

May 13 (Thursday) Unit 6 & Unit 7

May 18 (Tuesday) Unit 8 & Unit 9

May 19 (Wednesday) Unit 10 & Physical or Blind

OR

May 20 (Thursday) Unit 10 & Retarded, Deaf, Speech

The enclosed brochure will tell you about the units and the program.

REMEMBER: It is very important to attend all the sessions.
If a problem comes up, please call:

Charlotte Clifford at 621-8171

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOORSUND AVENUE
HOUSTON, TEXAS 77025

P. O. Box 20095

April 23, 1976

Dear Parent:

The staff of the Parental Skills Program for Parents of Handicapped Children thank you for agreeing to participate in the program. As we told you, you will not only be learning new ideas and parent skills, but you will help us make sure the program works. In this way parents across the country will have the best parent program possible.

A brochure is enclosed which describes each unit in the program. It also gives some background information on why and how the program was developed. A schedule of the two meetings you will have to attend is enclosed.

You will be completing 11 self-instruction workbooks - one for each unit in the program. Each workbook takes from 30 minutes to an hour to finish. You will have one month to complete all 11 workbooks. This means you will need to complete 2 and 1/2 workbooks each week. This will take 2 and 1/2 hours per week for four weeks.

There are textbooks for each unit. They are about 20 pages each. If you have time, you will find reading these texts very helpful. However, if you run into time problems you do not have to finish the texts in a month.

There are two meetings you need to attend. The first one, on May 10 at 7:30 p.m. is a meeting to pick up your materials and to complete our evaluation questionnaire. This questionnaire will help us make sure the program is good. The second meeting is on June 10 at 7:30 p.m. This is a meeting where you will bring back the cassette tapes (if you have been given them), the text booklets (so other parents can use them), and the questionnaires you will have finished after each workbook.

It is very important that you attend the two meetings and complete all 11 workbooks. If something comes up and you will not be able to attend the first meeting, it is important to call us. There are many parents who wanted to participate who could not because only 120 parents could participate this time. If you cannot complete the materials or make the meetings, we can ask another parent who wanted to participate.

I look forward to meeting you on May 10.

Sincerely,

Charlotte Clifford
Charlotte Clifford

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Phone Number 621-8171

SELF-INSTRUCTION GROUP

PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

LOCATION: Easter Seal - Houston School for Deaf Children
3636 West Dallas - in the auditorium

TIME: 7:30 p.m. - 9:30 p.m.

DATES: May 10 (Monday) - Fill out evaluation questionnaire
and pick up materials

June 10 (Thursday) - Return textbooks and cassettes
and evaluation questionnaires

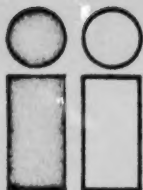
REMEMBER: It is very important to attend both meetings.
It is important that you finish all 11 workbooks.

If a problem comes up, please call:

Charlotte Clifford at 621-8171

INFORMATION CONFERENCE

1. Letter of Invitation
2. Conference Schedule
3. Conference Participant List
4. Conference Materials List and
Program Request Form



interaction inc.

3802 Las Palmas Drive
Houston, Texas 77027
(713) 621-8171

April 8, 1976

You are invited to attend a two-day seminar on how to implement a new Parental Skills Program for Parents of Handicapped Children.

This practical seminar, for persons connected with school systems, agencies and institutions across the United States that serve the handicapped will be held in Houston, Texas, at the Marriott Hotel on June 16-17, 1976.

This is the first program of its kind ever developed. It provides a specific parental-action model, with "how to" emphasis. Pragmatic and down-to-earth, the Parental Skills Program for Parents of Handicapped Children was developed over a two-year period by Texas Institute for Rehabilitation and Research and Interaction, Inc. Funds were provided by the U. S. Department of Health, Education and Welfare, Bureau of Education for the Handicapped. More information on the program's background and design appears in the enclosed brochure.

The program has been field tested and proven effective. Now, through this seminar, you can learn what it includes and how to implement it for your organization's needs.

Please return the enclosed registration form now so you can be included as a seminar participant. Registration will close on May 30, 1976 and will be limited to the first 200 persons. There will be an at-cost registration fee of \$15 to cover cost of materials and seminar expenses.

The project staff looks forward to meeting you.

Sincerely,

Roy A. Clifford
Project Director
Parental Skills Program for
Parents of Handicapped Children

PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

IMPLEMENTATION SEMINAR

MARRIOTT HOTEL

HOUSTON, TEXAS

JUNE 16-17, 1976

JUNE 16

9:00 - 9:30 a.m.	Registration
9:30 - 10:00	Opening Remarks
10:00 - 10:30	Program Overview (Unit I)
10:30 - 10:45	Coffee
10:45 - 11:15	Program Implementation Procedures
11:15 - 12:00	Family Stage (Unit II)
12:00 - 1:00 p.m.	Lunch
1:00 - 2:00	Parental Scripts (Unit III) - Demonstration and Team Activity Procedures
2:00 - 3:00	Communication (Unit VI) - Demonstration
3:00 - 3:15	Coffee
3:15 - 4:00	Stress (Unit VII)
4:00 - 4:30	Question and Answer Session
4:30 - 6:00	Cocktail Party (Rooms D & E)

JUNE 17

9:00 - 9:30 a.m.	Program Evaluation Procedures
9:30 - 10:30	Risk Taking (Unit IX) - Demonstration
10:30 - 10:45	Coffee
10:45 - 11:30	Family Balance (Unit X)
11:30 - 12:00	Question and Answer Session
12:00 - 1:00 p.m.	Lunch
1:00 - 1:15	Overview Specific Handicap Units
1:15 - 1:45	Unit A - Physically Handicapped
1:45 - 2:15	Unit B - Mentally Retarded
2:15 - 2:30	Coffee
2:30 - 3:00	Unit C - Visually Impaired
3:00 - 3:30	Unit E - Hearing Impaired
3:30 - 4:00	Question and Answer Session
4:00	Adjourn

IMPLEMENTATION CONFERENCE

PARENTAL SKILLS PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN

JUNE 16-17, 1976
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June 16, 1976

TO: Participants - Parental Skills Program for Parents of Handicapped
Children Implementation Conference - June 16, 17, 1976 - Houston, Texas

FROM: Roy A. Clifford - Project Director

The following materials are being provided to you as a conference participant.

ALL OF THESE MATERIALS ARE PROVIDED FOR REVIEW AND DISCUSSION PURPOSES ONLY
AND CANNOT BE REPRODUCED.

- 1 General Instruction Guide - Cassette/Slide Format
- 1 General Instructions - Self-Instruction Materials
- 10 Textbooklets - for Units 1 - 10
- 5 Self-Instruction Workbooks (Units 1,2,4,6,10)
- Selected examples of Team Activities

MY ORGANIZATION IS INTERESTED IN PURCHASING THE PARENTAL SKILLS
PROGRAM FOR PARENTS OF HANDICAPPED CHILDREN.

FORMAT

CASSETTE TAPE/SLIDE FORMAT FOR GROUPS _____

TRAINER FORMAT FOR GROUPS _____

SELF-INSTRUCTION FORMAT _____

PLEASE SEND INFORMATION CONCERNING COSTS AND AVAILABILITY DATE TO:

NAME _____

TITLE _____

ADDRESS _____

_____ ZIP _____

TELEPHONE _____

MATERIALS NEEDED BY FOLLOWING DATE _____

BIBLIOGRAPHY

-213 through 235-

The pages which follow contain the
cited references by unit, plus the ad-
ditional bibliography.

Preface to Unit 1

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Unit 1 - Introduction

References

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Unit 2 - Family Stage

References

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Unit 8 - Risk Taking

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Unit E - Hearing Impaired

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